DLN: 93493215011566

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the 2	015 ca		ng 01-01-2015 , and ending 12-31-2	2015				
	eck if app		C Name of organization Tennessee State Collaborative on			D Emplo	yer identi	ification number	
	dress chai	_	Reforming Education			26-36	570335		
	me chang		Doing business as						
	tıal return		Number and street (or D.O. hov if n	nail is not delivered to street address) Room,	/curto	E Telepho	one numbe	er	
Fir ret	nal :urn/termı	nated	1207 18TH Avenue South No 326	riali is not delivered to street address) Room,	/ suite	(615)	727-15	45	
_	nended re		City or town, state or province, cou	ntry, and ZIP or foreign postal code					
	plication p		Nashville, TN 37212	,,		<b>G</b> Gross r	eceipts \$ 1	1,125,959	
' '		,	F Name and address of pri	ncinal officer	11/->				
			JAMIE WOODSON		П(а)	Is this a group subordinates?		r □Yes 🔽 No	
			1207 18TH Avenue South Nashville, TN 37212	No 326	H(b)	Are all subordi	nates	□Yes □No	
			,			included? If "No " attach	ialist (s	ee instructions)	
<b>I</b> Ta	ax-exemp	t status	▼ 501(c)(3)	insert no )	H(c)	Group exempt		·	
J W	ebsite:	► WW	/W TNSCORE ORG			oreap exempt			
<b>V</b> For	m of oran	nization	Corporation Trust Association	Othor Is		ar of formation 20	000 M St	tate of legal domicile TN	
	irt I		mary	one F	Lite	ai oi ioiiiiatioii 20	109   14 50	ate of legal doffficile. Th	
	_		scribe the organization's mission	n or most significant activities					
		Sche		Tot most significant activities					
e ပိ	_								
le E	-								
Governance	2 Ch	neck th	is box 🛏 if the organization di	scontinued its operations or disposed	d of more t	than 25% of its	net asse	ets.	
ĝ ű									
				ing body (Part VI, line 1a)			3	16	
Activities &				of the governing body (Part VI, line 1	•		5	16	
돌	1			calendar year 2015 (Part V, line 2a) ecessary)			6	25 75	
ď			•	art VIII, column (C), line 12			7a	0	
				om Form 990-T, line 34			7b		
				·		Prior Year		Current Year	
	8	Contri	butions and grants (Part VIII, I	ıne 1h)		1,551,	824	10,854,754	
Revenue	9	Progra	am service revenue (Part VIII, l	ıne 2g)			0	0	
<u> </u>	10	Inves	tment income (Part VIII, colum	n (A), lines 3, 4, and 7d)		4,	006	4,033	
ш	11			, lines 5, 6d, 8c, 9c, 10c, and 11e)		178,	833	267,172	
	12	Total	revenue—add lines 8 through 11	. (must equal Part VIII, column (A),	line	1,734,	663	11,125,959	
	13		and similar amounts paid (Part	: IX, column (A), lines 1-3)		66,	109	66,126	
	14			IX, column (A), line 4)			0	0	
	15	Saları	es, other compensation, employ	es, other compensation, employee benefits (Part IX, column (A), lines					
Expenses	1	5-10				1,323,		1,463,753	
<u>₹</u>	16a		ssional fundraising fees (Part IX		0	0			
Δ	1		ndraising expenses (Part IX, column (D	0.02	C C 4	1 005 057			
	17 18			lines 11a-11d, 11f-24e) ist equal Part IX, column (A), line 25		982, 2,372,	-	1,895,857 3,425,736	
	19			18 from line 12	•	-637,		7,700,223	
<u>~~</u>	† <del></del>								
Net Assets or Fund Balances					<u>  -</u>	ning of Current		End of Year	
A.S.						6,205,		16,033,477	
5 E	1					2,586,		4,713,940	
			ature Block	line 21 from line 20	•	3,619,	314	11,319,537	
Unde my k	r penalt nowledg	ies of je and any ki	perjury, I declare that I have ex belief, it is true, correct, and cor nowledge **	amined this return, including accomp nplete Declaration of preparer (othei					
Sigr		Signa	ature of officer			Date			
Her	e		e Woodson CEO						
		<u> </u>	or print name and title	Draparade signature	I Data	T. <del>-</del>	Готты		
Da:	۸		rint/Type preparer's name itephen T Dolan	Preparer's signature Stephen T Dolan	Date	Check ✓ If self-employed	PTIN P0066639	97	
Paid		.	irm's name FRASIER DEAN & HOW	VARD PLLC	1	Firm's EIN 🕨 6	<u>1</u> 2-1073578		
	parer Only		ırm's address ► 3310 West End Ave St	e 550		Phone no (615	5) 383-659	2	
use						i			

Nashville, TN 37203 May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓ Yes ☐ No

Form	990 (2015)					Page
Par		t of Program Serv	-		III	
1		e organization's missior		,		•
SEE	SCHEDULE O					
2					r which were not listed on	└Yes └ No
	If "Yes," describe t	hese new services on S	chedule O			
3		n cease conducting, or			onducts, any program	ГYes
	If "Yes," describe t	hese changes on Scheo	dule O			
4	expenses Section		l) organization:	s are required to repor	ree largest program services, t the amount of grants and all	
4a	(Code	) (Expenses \$	2,223,883	ıncludıng grants of \$	) (Revenue \$	)
	See Schedule O					
4b	(Code	) (Expenses \$	770,912	ıncludıng grants of \$	) (Revenue \$	)
	See Schedule O					_
4c	(Code	) (Expenses \$	264,715	ıncludıng grants of \$	66,126 ) (Revenue \$	)
	See Schedule O					
4d	Other program ser	rvices (Describe in Sch	edule O )			
	(Expenses \$	ınc	luding grants o	f \$	) (Revenue \$	)
4e	Total program sen	vice expenses 🕒	3.259.510			

Form **990** (2015)

	990 (2015)			Page
Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV </i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	, , ,	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	204		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)			Page <b>5</b>
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		_	
			Yes	No
<b>1</b> a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 158			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	orm <b>99</b> 0	(2015)

Se	ction A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
<b>L4</b>	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
L <b>7</b>	List the States with which a copy of this Form 990 is required to be filed TN , NY	_		
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records THE JONESES PLLC 750 OLD HICKORY BLVD BLDG 2150 BRENTWOOD, TN 37027 (615) 371-6123

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Pos more pers	ıtıon than on ıs	(do one bot	not box h ar	check, office Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DR WILLIAM H FRIST	1 00					2				
Chairman		Х		х				0	0	0
(2) CHARLES W CAGLE LEGAL COUNSEL	1 00	х		х				0	0	0
(3) KEVIN T CLAYTON DIRECTOR	1 00	х						0	0	0
(4) ZAN GUERRY Director	1 00	х						0	0	0
(5) JR HYDE III Director	1 00	х						0	0	0
(6) ORRIN H INGRAM II Director	1 00	х						0	0	0
(7) DR THOM MASON Director	1 00	х						0	0	0
(8) David Golden Director	1 00	х						0	0	0
(9) SCOTT NISWONGER VICE CHAIRMAN	1 00	х		х				0	0	0
(10) Alan Levine Director	1 00	х						0	0	0
(11) DEE HASLAM Director	1 00	х						0	0	0
(12) GREG NELSON Director	1 00	х						0	0	0
(13) JANET AYERS Secretary	1 00	×		х				0	0	0
(14) BILL GRACEY Director	1 00	х						0	0	0
	•									Form <b>990</b> (2015)

#### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

00					Highest compensated employee				organizations
	х						0	0	0
00	х						0	0	0
00			х				320,857	0	22,262
00			х				200,230	0	55
00			х				125,938	0	0
				►				1	
		liete		<b>•</b>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ros	647,025	0	22,317
	ted to			ted to those listed ab	ted to those listed above	ted to those listed above) who	ted to those listed above) who reco	ion A	ted to those listed above) who received more than

			1
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such		
	Individual	4	Ye
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		
	services rendered to the organization? If "Yes," complete Schedule I for such person	5	

	Yes	No
3		Νo
4	Yes	
5		No

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

( <b>A</b> ) Name and business address	( <b>B)</b> Description of services	(C) Compensation
Ernst & Young US LLP	Strategic Plan Development	325,000
PO Box 933514 Atlanta, GA 311933514		
Del Cielo Media	Radio ads, Communications	104,089
1427 Leslie Ave Ste 102 Alexandria, VA 22301		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 2

Part V	/ <b>!!!</b>	Check if Schedule O		see or note to any lir	e in thic Part VIII			_
		Check if Schedule O	contains a respon	ise or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated campaigns	s <b>1a</b>					
Grants mounts	ь	Membership dues .	1b					
Gr.	С	Fundraising events	1c					
iffs, ar A	d	Related organization	s <b>1d</b>					
, Gi nila	e	Government grants (cont	ributions) <b>1e</b>					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gif		10,854,754				
활활	g	Noncash contributions inc						
ontr id C	-	1a-1f \$			10 954 754			
<u>ة ت</u>	h	Total. Add lines 1a-:	Lf	· · · · •	10,854,754			
e H	_			Business Code				
ven	2a							
22년 22년	b							
Š.	c d							
Š	e e							
ran	f	All other program se	rvice revenue					
Program Serwde Revenue								
т	g	Total. Add lines 2a-						
	3	Investment income ( and other similar am			4,033			4,033
	4	Income from investment	of tax-exempt bond p	oroceeds 🕨				
	5	Royalties						
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income						
	_	or (loss)						
	d	Net rental income or						
	7a	Gross amount from sales of assets other than inventory	Securities	(II) Other				
	ь	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (loss) .						
Other Revenue	8a	Gross income from frevents (not including \$ of contributions repo	undraising J	·				
Ψ. Œ		See Part IV, line 18		-				
듣	ь	Less direct expense	es <b>b</b>					
-	С	Net income or (loss)	from fundraising 6	events 🛌				
	9a	Gross income from g See Part IV, line 19						
	ь	Less direct expense	a esb					
		Net income or (loss)		vities <b></b>				
		Gross sales of inven	tory, less	·				
			a					
	Ь	Less cost of goods	L	n to m.				
		Net income or (loss)  Miscellaneous Rev		Business Code				
	11a	FISCAL AGENT FEE		900099	267,172	267,172		
	b	. 100AL AGENTTEL			· .			
	c							
	d	All other revenue .	L					
	e	Total. Add lines 11a		🕨	267,172			
	12	Total revenue. See I	nstructions		11,125,959	267,172	C	4,033

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiz	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	his Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	66,126	66,126		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	647,025	611,239	35,786	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	698,889	660,234	38,655	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,800	25,318	1,482	
9	Other employee benefits	10,583	9,997	586	
10	Payroll taxes	80,456	76,006	4,450	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	604,350	602,531	1,819	
12	Advertising and promotion				
13	Office expenses	45,480	43,019	2,461	
14	Information technology	121,054	121,054		
15	Royalties				
16	Occupancy	48,079	45,420	2,659	
17	Travel	66,440	66,440		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,219		4,219	
23	Insurance	2,248		2,248	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Strategic Planning	326,310	293,679	32,631	
b	EVENTS	170,423	148,231		22,192
c	stipends	120,000	120,000		
d	SUPPLIES	84,287	84,287		
e	All other expenses	302,967	285,929	7,475	9,563
25	Total functional expenses. Add lines 1 through 24e	3,425,736	3,259,510	134,471	31,755
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Assets

Liabilities

Net Assets or Fund Balances

Form 990 (2015)

Part X Bala

	Check if Schedule O contains a response or note to any line	e in this Par	t X			
				(A)		(B)
	Cook was interest because			Beginning of year 3,382,768	_	End of year 6,515,980
1	Cash-non-interest-bearing		•	1,643,133		, ,
2	Savings and temporary cash investments					3,142,488
3	Pledges and grants receivable, net			1,136,668	3	6,362,660
4	Accounts receivable, net			35,000	4	
5	Loans and other receivables from current and former office trustees, key employees, and highest compensated employees. If of Schedule L					
					5	
6	Loans and other receivables from other disqualified perso section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of section to the section of section and section (see instruction). The section is a section of sec	:)(3 <sup>`</sup> )(B), and ection 501(	i c)(9)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment cost or other basis		• •		9	
	Complete Part VI of Schedule D	10a	31,525			
b	Less accumulated depreciation	10b	19,176	7,902	<b>10</b> c	12,349
11	Investments—publicly traded securities				11	
12	Investments—other securities See Part IV, line 11 .				12	
13	Investments—program-related See Part IV, line 11 .				13	
14	Intangible assets				14	
15	Other assets See Part IV, line 11				15	
16	Total assets.Add lines 1 through 15 (must equal line 34)			6,205,471	16	16,033,477
17	Accounts payable and accrued expenses			59,348	17	100,128
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of	Schedule D			21	
22	Loans and other payables to current and former officers, on key employees, highest compensated employees, and dis	,	ıstees,			
	persons Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third p	arties .			23	
24	Unsecured notes and loans payable to unrelated third par	ties			24	
25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related thi	rd parties,	0.500.000		4 040 040
35	TALLES DE CALLES AND		•	2,526,809	25	4,613,812
26	Total liabilities. Add lines 17 through 25			2,586,157	26	4,713,940
	Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	e ►  vand	complete			
27	Unrestricted net assets			2,332,885	27	4,956,877
28	Temporarily restricted net assets			1,286,429	28	6,362,660
29	Permanently restricted net assets				29	, ,
	Organizations that do not follow SFAS 117 (ASC 958), ch	eck here ⊫	□ and			
	complete lines 30 through 34.		,			
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building or equipment f	und			31	
32	Retained earnings, endowment, accumulated income, or o	ther funds			32	
33	Total net assets or fund balances			3,619,314	33	11,319,537
3/1	Total liabilities and net assets /fund halances			6 205 471	24	16 033 477

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,:	125,959
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,4	125,736
3	Revenue less expenses Subtract line 2 from line 1	3		-	700,223
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5		3,0	519,314
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,	319,537
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<del></del>	<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493215011566

**Employer identification number** 

## OMB No 1545-0047

OMB No 1545-0

2015

Open to Public Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

		ate Collaborative on Iucation					26-3670335	
Pai	rt I	Reason for Publi	c Charity S	tatus (All organiza	itions must co	mplete this i	part.) See instruction	ns.
		zation is not a private fo					•	
1		A church, convention						
2	<u></u>	A school described in	-			=		
3	<u>'</u>	A hospital or a cooper	•		•		• •	
4	<u>'</u>							) Enterthe
4	ı	A medical research or hospital's name, city,	-	erated in Conjunction v	vitii a nospitai c	iescribed ili <b>se</b>	CCION 170(D)(1)(A)(III	). Enter the
5	Γ	An organization opera 170(b)(1)(A)(iv). (C	ated for the be		iversity owned	or operated by	a governmental unit o	lescribed in <b>section</b>
6	$\Gamma$	A federal, state, or loc			described in <b>s</b> e	ection 170(b)(1	1)(A)(v).	
7	고	An organization that n described in <b>section 1</b>	70(b)(1)(A)(v	<b>/i).</b> (Complete Part II	)		ental unit or from the g	eneral public
8	<u> </u>	A community trust de						
9	_	An organization that in receipts from activition from gross investment organization after Jun	es related to it it income and e 30, 1975 S	s exempt functions—s unrelated business ta ee <b>section 509(a)(2).</b>	subject to certa xable income (l (Complete Part	in exceptions, ess section 51 III )	and (2) no more than 1 tax) from businesse	3 3 1/3% of its support
10	<u> </u>	An organization organ	•	•	•			
11 a	Г Г	An organization organ one or more publicly s the box in lines 11a the Type I. A supporting of supported organization	upported orga nrough 11d tha organization op n(s) the power	nizations described in at describes the type o erated, supervised, or to regularly appoint o	section 509(a of supporting or r controlled by i r elect a majori	)(1) or section ganization and ts supported o	509(a)(2) See <b>sectio</b> complete lines 11e, 1 rganization(s), typical	n 509(a)(3). Check 1f, and 11g ly by giving the
	_	organization You mus	_	-				
Ь	ı	Type II. A supporting management of the su	pporting organ	nization vested in the s		• • •	•	
_	$\vdash$	must complete Part IV Type III functionally	•		n operated in c	onnoction with	and functionally into	aratod with its
С	,	supported organization	-		•			graceu wich, its
d	Γ	Type III non-function not functionally integr	ally integrated	d. A supporting organi	zatıon operated	ın connection	with its supported org	
	_	(see instructions) Yo						
е	1	Check this box if the c					s a Type I, Type II, T	ype III functionally
f	Ento	integrated, or Type III r the number of support						
g	Lince	Provide the following i						
9		Trovide the following i	mormation abo	out the supported orga	inizacion(s)			
Name of su		(i) supported organization	(ii)EIN	(iii)  Type of  organization (described on lines 1 - 9 above (see instructions))	(iv) Is the orga Isted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Total								

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 **(c)**2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 2,378,199 1,602,481 3,722,241 1,551,824 10,854,754 20,109,499 membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,378,199 1,602,481 3,722,241 1,551,824 10,854,754 20,109,499 **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 8,088,648 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 12,020,851 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 2,378,199 1,602,481 3,722,241 1,551,824 10,854,754 20,109,499 Gross income from interest, dividends, payments received 7,757 3,567 4,199 4,006 4,033 23,562 on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 300 182,204 178,833 267,172 628,509 capital assets (Explain in Part VI) 11 Total support. Add lines 7 20,761,570 through 10 Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 57 900 % 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 15 68 830 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization **▶**▽ 33 1/3% support test -2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction	Δ ΔΙΙ	Sunno	rtina	Orgai	nizations
Je	CUUII	A. A.	Suppu	, una	Ol uai	IILAGUUIIS

	··		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3с		
<b>4</b> a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	   4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5 <b>a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

#### Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

#### Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10 - OTHER INCOME	SCORE SUPPORTS THE WORK OF KEY PARTNERS THROUGH GRANT FACILITATION AS PROJECTS ALIGN WITH SCORE'S THEORY OF CHANGE AND STRATEGIC PRIORITIES IN ORDER TO EFFECTIVELY FACILITATE GRANTS, SCORE EARNS A FISCAL AGENT FEE FOR THE ADMINISTRATIVE FUNCTIONS OF ADMINISTERING GRANTS, INCLUDING BUT NOT LIMITED TO REVIEWING CONTRACTS WITH VENDORS, ADMINISTERING A COMPETITIVE BIDDING PROCESS TO SELECT VENDORS ON BEHALF OF KEY PARTNERS, PROCESSING PAYMENTS FROM GRANT ACCOUNTS, SUPPORTING THE GRANT REPORTING PROCESS THROUGH THE LIFE OF THE GRANT, AND VETTING AND SELECTING CONSULTANTS FOR PROJECTS ON BEHALF OF KEY PARTNERS, AS NEEDED SCORE'S BOARD OF DIRECTORS HAS SET A RANGE
	OF BETWEEN TWO TO TEN PERCENT AS THE FEE SCORE MAY ASSESS FOR THIS WORK DEPENDING ON THE COMPLEXITY AND DURATION OF THE GRANT MANAGEMENT PROCESS THE FISCAL AGENT FEE IS DETERMINED PRIOR TO FACILITATING THE GRANT AND IS TYPICALLY A PERCENTAGE OF THE ENTIRE GRANT THE FEE IS COLLECTED BY SCORE ON A QUARTERLY BASIS FOR SOME GRANTS THE FEE IS BASED ON THE PERCENTAGE OF THE GRANT SPENT WITHIN THAT QUARTER, FOR 2015 GRANTS BEING HELD, THE FEE IS SPREAD EVENLY OVER ON THE LIFE OF THE GRANT

Schedule A (Form 990 or 990-EZ) 2015

#### DLN: 93493215011566

## SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Fattach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Tennessee State Collaborative on Reforming Education 26-3670335 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

reporting section 4911 tax for this year?

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b> □	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

=	Limits on Lobb	ying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		
b	Total lobbying expenditures to influence a legis	3,420		
c	Total lobbying expenditures (add lines 1a and 1	3,420		
d	Other exempt purpose expenditures	3,259,510		
e	Total exempt purpose expenditures (add lines 1	3,262,930		
f	Lobbying nontaxable amount Enter the amount	313,147		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	78,287	
h	Subtract line 1g from line 1a If zero or less, en	ter -0-	0	
i	Subtract line 1f from line 1c If zero or less, ent	er -0-	0	
j	If there is an amount other than zero on either I	ine 1h or line 1i, did the organization file Form 4720	)	

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

┌ Yes ┌No

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total				
<u>2a</u>	Lobbying nontaxable amount	238,649	255,009	260,778	313,147	1,067,583				
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,601,375				
c	Total lobbying expenditures			4,706	3,420	8,126				
_d	Grassroots nontaxable amount	59,662	63,752	65,195	78,287	266,896				
e	Grassroots ceiling amount (150% of line 2d, column (e))					400,344				
f	Grassroots lobbying expenditures									

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				ige <b>S</b>
<i></i>	1	(	a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Tes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	01(c	)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493215011566

OMB No 1545-0047

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990.

Open to Public

-	ment of the Treasury I Revenue Service	Information about Schedule D (	► Attach to Form 990.  (Form 990) and its instructions is a	nt <u>www.irs.gov/f</u>	<u>orm</u> 990.	Open to Pu Inspection	
<b>Na</b> Ten	me of the organi nessee State Collabo	zation	,	Empl	oyer ident if	ication number	
	orming Education	inations Maintaining Barra	Advised Funds on Other C		670335		
Pe		izations Maintaining Donor ete if the organization answere			or Accour	its.	
	•	<u> </u>	(a) Donor advised funds		Funds and c	ther accounts	
1	Total numbe	er at end of year					
2	Aggregate v year)	alue of contributions to (during					
3		alue of grants from (during year)					
4	Aggregate v	alue at end of year					
5		ration inform all donors and donor a rganization's property, subject to t			sed	┌ Yes ┌	- No
6	used only for c	ration inform all grantees, donors, a haritable purposes and not for the l ermissible private benefit?			purpose	☐ Yes ☐	- No
Pa	rt III Conse	rvation Easements. Comple	te if the organization answere	ed "Yes" on Forn	า 990, Par	t IV, line 7.	
2	Preservation Protection Preservation Complete lines	conservation easements held by the on of land for public use (e g , recre of natural habitat on of open space sea through 2d if the organization less tay of the tax year	ation or education)  Preserv Preserv	ation of an historication of a certified	historic sti	ructure	
					Held at	the End of the Y	 Year
а	Total number o	f conservation easements		2a			
ь	Total acreage i	restricted by conservation easeme	nts	2b			
c	Number of cons	servation easements on a certified	historic structure included in (a)	2c			
d		servation easements included in (c ure listed in the National Register	) acquired after 8/17/06, and not	on a <b>2d</b>			
3	Number of cons	servation easements modified, trar	nsferred, released, extinguished, o	r terminated by th	e organizati	on during the	
	tax year <b>►</b>						
4	Number of stat	es where property subject to conse	ervation easement is located 🗠				
5		nization have a written policy regard enforcement of the conservation e		ction, handling of	Г	Yes No	
6	Staff and volun year •-	teer hours devoted to monitoring, i	nspecting, handling of violations, a	and enforcing cons	ervation ea	sements during	ı the
7	A mount of expe	enses incurred in monitoring, inspe	cting, handling of violations, and e	enforcing conserva	tıon easem	ents during the	year
8		servation easement reported on lir ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirement	ents of section 17		Yes No	
9	balance sheet,	escribe how the organization report and include, if applicable, the text n's accounting for conservation ea	of the footnote to the organization				
Par	Comple	izations Maintaining Collecete if the organization answere	ed "Yes" on Form 990, Part IV,	, line 8.			
1a	works of art, his	tion elected, as permitted under SF storical treasures, or other similar e, in Part XIII, the text of the footr	assets held for public exhibition, e	education, or resea	arch in furth		:
b	works of art, his	tion elected, as permitted under SF storical treasures, or other similar e the following amounts relating to	assets held for public exhibition, e				:
(	(i) Revenue inclu	uded on Form 990, Part VIII, line 1		<b>►</b> \$_			
(i	ii) Assets ınclude	ed ın Form 990, Part X		<b>►</b> \$			
2	If the organizat	tion received or held works of art, h nts required to be reported under S		ar assets for financ			
а	Revenue includ	ded on Form 990 Part VIII line 1			<b>b</b> - ¢		

**b** Assets included in Form 990, Part X

Part		Organizations Maintaining (continued)	Collections of A	rt, Hi	stori	cal Tre	easures,	or O	ther Simi	ilar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other rec	ords, c	heck a					ant us	e of its	
а	┌ P	ublic exhibition		d	Γ	Loan o	rexchange	progra	ams			
b	┌ s	cholarly research		e	Γ	Other						
c	ГР	reservation for future generations										
4	Provid Part X	de a description of the organization's (III	s collections and exp	laın ho	w they	/ further	the organiz	zatıon'	's exempt p	urpose	ın	
5		g the year, did the organization solic								_	_	
		s to be sold to raise funds rather the		s part	of the	organız	atıon's colle	ection	?	Yes	☐ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part I\	/, line 9, o	r rep	orted an a	amour	nt on For	m 990,
1a		organization an agent, trustee, cus led on Form 990, Part X?	todian or other interi	mediary	y for c	ontrıbut	ions or othe	erasse		┌ Yes	┌ No	
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	e the fo	llowin	g table				Am	ount	
c	Вес	ginning balance						1c				
d	A do	ditions during the year						1d				
e	Dıs	tributions during the year						1e				
f	End	ding balance						1f				
2a	Dıd th	e organization include an amount o	n Form 990, Part X, I	ıne 21,	, for es	crow or	custodial a	ccour	nt liability?	┌ Yes	┌ No	
b		s," explain the arrangement in Part										Г
Pai	rt V	Endowment Funds. Comple	te if the organizati		rior yea		(c)Two years		•		(e)Four y	ears back
	Begin	ining of year balance	(a)Cullent year	(0)	пот уеа	<u> </u>	(C) Two years	Dack	(u)Tillee year	IS DACK	(e)i oui y	ears back
b	_	nbutions										
С	losse											
d		s or scholarships						_				
е		r expenditures for facilities rograms 										
f	A dmı	nistrative expenses										
g	End o	fyearbalance										
2	Provid	de the estimated percentage of the (	current year end bala	nce (lı	ne 1g,	column	(a)) held as	s				
а	Board	designated or quasi-endowment 🕨										
b	Perma	anent endowment ▶										
c	-	orarily restricted endowment Feercentages on lines 2a, 2b, and 2c	should equal 100%									
За	A re th	nere endowment funds not in the pos ization by		ızatıon	that a	re held	and adminis	stered	for the		Yes	No
	(i) un	related organizations									(i)	<del>                                     </del>
L		lated organizations s" on 3a(ii), are the related organizations.								-	(ii)	<u> </u>
ь 4		tibe in Part XIII the intended uses of								٠ 🗀	Bb	
	t VI	Land, Buildings, and Equip										
		Complete if the organization a Description of property		orm 9	Cost	Part IV, or other b vestment	asıs (b	<del>)</del>	Accu	Part X mulated reciation	( <b>d</b> )Bo	ook value
1-	لميرسا			-+			(oth	ner)				
				·								
D		gs		.  -								
_	0000-								1		1	
		•						20 17	76	17 0	127	10 240
d	Equipm	nent		·				30,17 1,34		17,8 1,3	_	12,349 0

(a)	(including name of	security)		<b>(b)</b> Book value	Cost	or end-of-year market va
Financial derivativ Closely-held equit						
Other	.y interests					
al. (Column (b) must	equal Form 990, Part X, co	ol (B) line 12 )	<b>•</b>			
TE VIII Invest	tments—Program	Related.	Voc' on Form Q	20 Part IV June 11c		
Сопри	(a) Description of i		Tes on Form 9	90, Part IV, line 11c.		990, Part X, line 13. c) Method of valuation
						or end-of-year market va
	equal Form 990, Part X, co			n Form 990, Part IV, lin	e 11d See F	orm 990, Part X, line 15 <b>(b)</b> Book value
		the organization		n Form 990, Part IV, lin	e 11d See F	
		the organization		n Form 990, Part IV, lın	e 11d See Fo	
		the organization		n Form 990, Part IV, lin	e 11d See F	
		the organization		n Form 990, Part IV, lin	e 11d See F	
		the organization		n Form 990, Part IV, lin	e 11d See F	
art IX Other A	Assets. Complete if	t X, col.(B) line 15	otion			(b) Book value
al. (Column (b) must See For	Assets. Complete if  st equal Form 990, Paril  Liabilities. Complete if	t X, col.(B) line 15 ete if the organ	i.)	ed 'Yes' on Form 990		(b) Book value
art IX Other A	Assets. Complete if	t X, col.(B) line 15 ete if the organ	otion	ed 'Yes' on Form 990		(b) Book value
tal. (Column (b) mu Bart X Other I See For	ast equal Form 990, Para Liabilities. Complerm 990, Part X, line a) Description of liabi	t X, col.(B) line 15 ete if the organ	i.)	ed 'Yes' on Form 990		(b) Book value
al. (Column (b) must See For (column taxes)	ast equal Form 990, Para Liabilities. Complerm 990, Part X, line a) Description of liabi	t X, col.(B) line 15 ete if the organ	(b) Book val	ed 'Yes' on Form 990		(b) Book value
al. (Column (b) must See For (column taxes)	ast equal Form 990, Para Liabilities. Complem 990, Part X, line a) Description of liabilities.	t X, col.(B) line 15 ete if the organ	(b) Book val	ed 'Yes' on Form 990		(b) Book value
al. (Column (b) must See For (column taxes)	ast equal Form 990, Para Liabilities. Complem 990, Part X, line a) Description of liabilities.	t X, col.(B) line 15 ete if the organ	(b) Book val	ed 'Yes' on Form 990		(b) Book value
al. (Column (b) must See For (column taxes)	ast equal Form 990, Para Liabilities. Complem 990, Part X, line a) Description of liabilities.	t X, col.(B) line 15 ete if the organ	(b) Book val	ed 'Yes' on Form 990		(b) Book value
al. (Column (b) must See For (column taxes)	ast equal Form 990, Para Liabilities. Complem 990, Part X, line a) Description of liabilities.	t X, col.(B) line 15 ete if the organ	(b) Book val	ed 'Yes' on Form 990		(b) Book value
tal. (Column (b) must See For (deral income taxes	ast equal Form 990, Para Liabilities. Complem 990, Part X, line a) Description of liabilities.	t X, col.(B) line 15 ete if the organ	(b) Book val	ed 'Yes' on Form 990		(b) Book value
tal. (Column (b) mu See For (deral income taxes	ast equal Form 990, Para Liabilities. Complem 990, Part X, line a) Description of liabilities.	t X, col.(B) line 15 ete if the organ	(b) Book val	ed 'Yes' on Form 990		(b) Book value
tal. (Column (b) mu See For (deral income taxes	ast equal Form 990, Para Liabilities. Complem 990, Part X, line a) Description of liabilities.	t X, col.(B) line 15 ete if the organ	(b) Book val	ed 'Yes' on Form 990		(b) Book value
tal. (Column (b) mu See For (deral income taxes	ast equal Form 990, Para Liabilities. Complem 990, Part X, line a) Description of liabilities.	t X, col.(B) line 15 ete if the organ	(b) Book val	ed 'Yes' on Form 990		(b) Book value
tal. (Column (b) mu See For (deral income taxes	ast equal Form 990, Para Liabilities. Complem 990, Part X, line a) Description of liabilities.	t X, col.(B) line 15 ete if the organ	(b) Book val	ed 'Yes' on Form 990		(b) Book value
tal. (Column (b) must See For (c)	ast equal Form 990, Para Liabilities. Complem 990, Part X, line a) Description of liabilities.	t X, col.(B) line 15 ete if the organ 25. lity	(b) Book val	ed 'Yes' on Form 990		(b) Book value

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retui	rn
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	11,125,959
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	11,125,959
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	11,125,959
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Ret	urn.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,425,736
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)............. <mark>2d</mark>		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
_		3	3,425,736
3	Subtract line <b>2e</b> from line <b>1</b>	3	
	Subtract line <b>2e</b> from line <b>1</b>		• •
3			
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
3 4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b 4a	4c	0

## Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Part X, Line 2	SCORE has qualified for tax exempt status under Section 501(c)(3) of the Internal Revenue Code and is not a private foundation SCORE follows Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) guidance related to uncertain tax provisions. The guidance clarifies the accounting for uncertainty in income taxes recognized in an organizations financial statements. This guidance prescribes a minimum probability threshold that a tax position must meet before a financial statement benefit is recognized. The minimum threshold is defined as a tax position that is more likely than not to be sustained upon examination by the applicable taxing authority, including resolution of any related appeals or litigation processes, based on the technical merits of the position. The tax benefit to be recognized is measured as the largest amount of benefit that is greater than fifty percent likely of being realized upon ultimate settlement. SCORE has no tax penalties or interest reported in the accompanying financial statements. Tax years that remain open for examination include the years ended December 31, 2012 through December 31, 2015.

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**General Information on Grants and Assistance** 

DLN: 93493215011566

Schedule I (Form 990)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Name of the organization Employer identification number Tennessee State Collaborative on 26-3670335 Reforming Education

the selection criteria used to award the grants or assistance?									
Describe in Part IV the org	ganızatıon's procedur	es for monitoring the i	use of grant funds in the	United States					
		_	omestic Governments. ( dditional space is need		zatıon answered "Yes" o	on Form 990, Part IV, line	21, for any recipient		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		

	п аррпсавіе	grant	assistance	other)	non-cash assistance	or assistance
62-6000834	501(C)(3)		10,000			A WA RD
62-1853857	501(C)(3)		10,000			A WA RD
20-1861028	501(C)(3)		10,000			A WA RD
62-6000877	501(C)(3)		25,000			A WA RD
	62-1853857	62-6000834 501(C)(3) 62-1853857 501(C)(3) 20-1861028 501(C)(3)	62-6000834 501(C)(3) 62-1853857 501(C)(3) 20-1861028 501(C)(3)	62-6000834 501(C)(3) 10,000 62-1853857 501(C)(3) 10,000 20-1861028 501(C)(3) 10,000	62-6000834 501(C)(3) 10,000 62-1853857 501(C)(3) 10,000 20-1861028 501(C)(3) 10,000	62-6000834     501(C)(3)     10,000       62-1853857     501(C)(3)     10,000       20-1861028     501(C)(3)     10,000

2	Enter total number of secti	on 501(c)(3) and go	vernment organization	s listed in the line 1 tab	ole	 	4

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

Schedule I	(Form 990) 2015
Part III	Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Informa	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.

raitiv	Supplemental 1	<b>Mornation.</b> Frovide the information required in Fart 1, line 2, Fart 111, column (b), and any other additional information.
Return Refere	nce	Explanation

Retuin Reference	Explanation
Part I, Line 2	THE NATURE OF THIS PARTICULAR GRANT IS SUB-GRANT THE ORIGINAL GRANTOR IS RESPONSIBLE FOR MONITORING THE USE OF
	GRANT FUNDS IN THE UNITED STATES THE GRANTS MADE TO SCHOOLS AND DISTRICTS WERE WITHOUT RESTRICTIONS (SCORE PRIZE
	WINNERS) BUT PROVIDED GENERAL GUIDELINES FOR SPENDING THAT REQUIRED THE FUNDS TO BE SPEND ON SCHOOL/DISTRICT NEEDS
	AS IDENTIFIED BY THE RESPECTIVE STAFFS

Schedule I (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493215011566

## Schedule J

(Form 990)

Department of the Treasury

## Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Tennessee State Collaborative on

**Employer identification number** 

Reforming Education 26-3670335 **Questions Regarding Compensation** Part I No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Written employment contract Compensation committee Independent compensation consultant 굣 Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	·	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 JAMIE WOODSON President & CEO	(i)	290,857	30,000	0	13,250	9,012	343,119	0
	(ii)	0	0	0	0	0	0	0
2 SHARON ROBERTSCOO	(i)	185,230	15,000	0	0	55	200,285	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

#### Part III Supplemental Information

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493215011566

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
Tennessee State Collaborative on	
Reforming Education	26-3670335

Return Reference	Explanation
Form 990, Part I, Line 1 - Organization Mission	SCORE is dedicated to the goal that every student in Tennessee graduates from high school prepared for postsecondary education and the work force our work is to drive collaboration across the state on policy and practice to ensure student success

Return Reference	Explanation
Organization Mission	SCORE is dedicated to the goal that every student in Tennessee graduates from high school prepared for postsecondary education and the work force our work is to drive collaboration across the state on policy and practice to ensure student success

Return Reference	Explanation
Form 990, Part III, Line 4a - Program Service	POLICY AND ADVOCACY SCORES major advocacy, research, communications, and outreach efforts in 2015 are listed below -REPORTS AND POLICY MEMOS AND

Return Reference	Explanation
Form 990, Part III, Line 4b - Program Service	TECHNICAL ASSISTANCE SCORE WORKS TO COLLABORATIVELY SUPPORT KEY PARTNERS AS THEIR EFFORTS ALIGN WITH SCORES THEORY OF CHANGE BELOW ARE THE MAJOR PROJECTS THAT SUPPORTED THIS WORK - LIFT EDUCATION IN 2015, SCORE CONTINUED ITS TECHNICAL ASSISTANCE SUPPORT OF LIFT EDUCATION (LEADING INNOVATION FOR TENNESSEE EDUCATION) LIFT EDUCATION IS A SMALL GROUP OF COURAGEOUSLY COMMITTED SCHOOL SUPERINTENDENTS WORKING TOGETHER TO EXPLORE INNOVATIVE APPROACHES AND SHARE BEST PRACTICES FOR THE BENEFIT OF TENNESSEE STUDENTS, SUPERINTENDENTS, AND SCHOOL DISTRICTS ADDITIONALLY, IN 2015, SCORE BEGAN DIRECT OVERSIGHT AND SUPPORT OF LIFT, ENABLING THIS NETWORK OF DISTRICTS TO CONTINUE THEIR ENGAGEMENT IN PROFESSIONAL LEARNING AND ADVOCACY FOR STUDENT CENTERED POLICIES WHILE EXPANDING THEIR COLLABORATIVE IMPLEMENTATION WORK IN THE AREAS OF EDUCATOR PROFESSIONAL LEARNING AND EARLY LITERACY - TEACHER LEADERSHIP IN 2015, SCORE AND THE TENNESSEE DEPARTMENT OF EDUCATION HOSTED A TENNESSEE TEACHER LEADERSHIP IN 2015, SCORE AND THE TENNESSEE DEPARTMENT OF EDUCATION HOSTED A TENNESSEE TEACHER LEADERSHIP TO IDENTIFY KEY STRATEGIES TO DEVELOP, SUPPORT, AND LEVERAGE TEACHER LEADERSHIP IN TENNESSEE THAT WILL DRIVE AND DEEPEN INSTRUCTIONAL IMPROVEMENTS - PROGRESS MONITORING AND COMMUNITY CONVERSATIONS IN ORDER TO ASSESS THE STATES PROGRESS, SCORE CONDUCTED EDUCATOR FOCUS GROUPS AND EXTENSIVE INDIVIDUAL INTERVIEWS WITH EDUCATIONAL LEADERS AND OTHER PARTNERS. THIS INFORMATION, WHICH FOCUSED ON THE SUCCESSES AND CHALLENGES OF IMPLEMENTATION, WAS SHARED WITH SCORES STEERING COMMITTEE, AS WELL AS OFFICIALS FROM THE TENNESSEE DEPARTMENT OF EDUCATION, AND WAS USED TO INFORM THE PROCESS OF IDENTIFY ING THE STATES EDUCATION PRIORITIES FOR 2016

Return Reference	Explanation
III, Line 4c - Program Service	SCORE PRIZE THE SCORE PRIZE, WHICH HAS BEEN GIVEN ANNUALLY SINCE 2011, RECOGNIZES SCHOOLS AND DISTRICTS IN TENNESSEE THAT ARE ACHIEVING MORE for their students, HIGHLIGHTS AND SHARES BEST PRACTICES, AND SHOWS OTHER SCHOOLS AND DISTRICTS IN TENNESSEE THAT IMPROVEMENT IS POSSIBLE. IN LATE OCTOBER 2015, SCORE AWARDED THE FIFTH ANNUAL SCORE PRIZE TO ONE ELEMENTARY, MIDDLE, AND HIGH SCHOOL, ALONG WITH ONE DISTRICT IN TENNESSEE THAT HAVE MADE SIGNIFICANT PROGRESS IN IMPROVING STUDENT ACHIEVEMENT. THROUGHOUT THE YEAR, SCORE HAS SHARED VIDEO CLIPS FROM THE WINNERS, COLLABORATED WITH INDIVIDUALS FROM THE WINNING SCHOOLS AND DISTRICT TO SERVE AS EXPERTS FROM THE FIELD DURING COMMUNITY CONVERSATIONS AND PANELS, AND FEATURED BLOG POSTS HIGHLIGHTING HOW EACH FINALIST IS IMPLEMENTING A SPECIFIC STRATEGY IN THEIR SCHOOL OR DISTRICT THAT IS MAKING A DIFFERENCE TO STUDENTS.

Return Reference	Explanation
	Line 11a explanation - The Executive Chair/CEO, COO, President, Senior Director of Finance and Operations, Finance and Operations Coordinator, and external accountant perform the initial review of the Form 990. A draft copy of the Form 990 is shared with the Audit Chair and then the entire Board. Finally, it is reviewed with the Chairman and Vice-Chair of the Board (The Vice Chair also serves as the Chair of the Finance Committee.)

L

Return Reference	Explanation
	SCORE has a written Conflict of Interest Policy which is reviewed and updated, if necessary, annually by the Governance Committee Additionally, a disclosure statement along with the copy of the current policy is mailed to each Board Member annually for completion and acknowledgment. All disclosure statements are reviewed by the CEO and Chairman of the Board to determine if further action is needed.

Return Reference	Explanation
	SAME AS ABOVE. THE PROCESS FOR DETERMINING COMPENSATION INCLUDES 1) A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE ORGANIZATION, 2) THE USE OF DATA REGARDING COMPARABLE COMPENSATION FOR OTHERS IN SIMILAR POSITIONS AND 3) CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING

Return Reference	Explanation	
Form 990, Part VI, Section C, Ii	19 GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST	Form 990, Part VI, Section C, line 19

Return Reference	Explanation
Form 990, Part IX, line 11g	PROFESSIONAL FEES Program service expenses 31,070 Management and general expenses 1,819 Total expenses 32,889 CONTRACT LABOR Program service expenses 571,461 Total expenses 571,461

Return Reference	Explanation
Form 990, Part IX, line 24e	PARENT ENGAGEMENT Program service expenses 62,306 Management and general expenses 0 Fundraising expenses 0 Total expenses 62,306 SURVEY Program service expenses 58,000 Management and general expenses 0 Fundraising expenses 58,000 PRINTING AND PUBLICATIONS Program service expenses 43,180 Management and general expenses 0 Fundraising expenses 0 Total expenses 43,180 MISCELLANEOUS Program service expenses 31,155 Management and general expenses 3,687 Fundraising expenses 0 Total expenses 34,842 TENNESSEE EDUCATION - HEALTH Program service expenses 25,000 Management and general expenses 0 Fundraising expenses 0 Total expenses 25,000 MEETINGS Program service expenses 15,507 Management and general expenses 368 Fundraising expenses 0 Total expenses 15,875 REGIONAL & STATEWIDE EVENTS Program service expenses 15,870 Management and general expenses 0 Total expenses 15,870 STATE OF EDUCATION Program service expenses 12,935 Management and general expenses 0 Total expenses 0 Total expenses 12,935 LIFT Program service expenses 11,463 Management and general expenses 0 Fundraising expenses 0 Total expenses 11,463 CATERING Program service expenses 0 Management and general expenses 0 Fundraising expenses 9,563 Total expenses 9,563 POLICY MAKER OUTREACH Program service expenses 5,527 Management and general expenses 0 Fundraising expenses 0 Fundraising expenses 0 Total expenses 0 Total expenses 0 Total expenses 3,420 ONLINE ADVOCACY Program service expenses 1,860 Management and general expenses 0 Fundraising expenses 0 Total expenses 0 Total expenses 0 Fundraising expenses 0 Total expenses 1,860 Management and general expenses 1,485 Management and general expenses 0 Fundraising expenses 0 Total expenses 0 Total expenses 0 Total expenses 1,860 Management and general expenses 1,485 Management and general expenses 0 Fundraising expenses 0