Form **990**

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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011

Open to Public Inspection

Α	For the	2011 calen	dar year, or tax year begi	nning	, 2011, and end	na		
В	Check if a	pplicable:	C				D Employer I	dentification Number
	Addre	ess change	TENNESSEE ASSOCI	TATION FOR THE ED	IICATTON		i	
	Name	e change	OF YOUNG CHILDRE	EN. INC.	OCILITOM		23-70	
		l return	2021 21ST AVE S.	#440			E Telephone	
			NASHVILLE, TN 37	7212			615-2	79-0111
	-	inated					i	·
	$\boldsymbol{\vdash}$	nded return					G Gross recei	
	Applic	cation pending	F Name and address of princip	al officer: DEBBIE FER	GUSON	H(a) Is this	a group return fo	r affiliates? Yes X No
			SAME AS C ABOVE				I affiliates include	d? Yes 🗖 No.
1	Tax-exe	empt status	X 501(c)(3) 501(c) () ◄ (insert no.)	4947(a)(1) or 527	7 11 180,	' attach a list. (see	e instructions) — — —
J	Websi	ite: ► WW	W.TAEYC.ORG			H(c) Groun	exemption number	ar >
K		organization:	X Corporation Trust	Association Other	L Year of Form			of legal domicile: TN
Pε	irt I	Summar	v	1			111 5131	
	1 Br	riefly descri	be the organization's miss	ion or most significant act	vities TARVC DY	VTCTC 1	DDOUTD	E MEMBERS GERMAN
4)	l p	ROFESST	ONAL DEVELOPMENT	OPPORTUNITIES A	TO TO ADVICE TO EX	<u> </u>	TO TROVID	E WEMBERS MITH
č	c	ARE. DE	VELOPMENT AND F	DUCATION OF TENNI	ACCEDIC AVING	_ <u>ZVZ</u> _ <u>-</u>	DEST LEVIC	TITE IN THE
Ë		2-12-12-12-12-12-12-12-12-12-12-12-12-12	~ ** # ** ** ** ** ** ** ** ** ** ** ** *		POTE O TOUR		Ktn	
Ş	2 Cr	heck this bo	if the organization	on discontinued its operation				
Ō	3 Nu	umber of vo	ting members of the gove	rning body (Part VI, line 1	a)	iore (nam 2	or its net •	
δ. 60	4 Nu	umber of ind	dependent voting member	s of the governing body (P	art VI_line 1h)	• • • • • • • • • •		
₩	j 5 10	otal number	of individuals employed in	n calendar vear 2011 (Part	V. line 2a)			
Activities & Governance	[b 10	otal number	of volunteers (estimate if	necessary)				
4	/a to	otai unrelate	d business revenue from	Part VIII, column (C), line	12		7	'a 0.
	b Ne	et unrelated	business taxable income	from Form 990-T, line 34.	• • • • • • • • • • • • • • • • • • • •	- 1	· · · · · · · · · · · · · · · · · · ·	'b 0.
					¥		rior Year	Current Year
41	8 Co	ontributions	and grants (Part VIII, line	1h)			208,712	
Revenue	9 Pr	ogram serv	ice revenue (Part VIII, line	2g)		· *	216,220	
eve	10 In\	vestment in	come (Part VIII, column (A), lines 3, 4, and 7d			753	
Œ	11 Ot	her revenue	e (Part VIII, column (A), lii	nes 5, 6d, 85, 9d, 10c, and	a e)		7,653	
	12 To	tal revenue	 add lines 8 through 11 	(must equal Fortiville, colu	ımn (A), line 12)		433,338	243,810.
	13 Gr	ants and si	milar amounts paid (Pa	A delumn (A), lines 1-3).				16,278.
	14 Be	enefits paid	to or for members (Part	K, column (A), line 4)				10,270.
	15 Sa	alaries, othe	r compensation, employe	(A) lines 5-10)	· ·	22,134	21 207	
Ses	16a Pro	ofessional f	undraising fees (Part IX)	column (A), line 11e)	(() (111 () 3 ())		22,134	. 21,297.
ĕ								
Expenses			ing expenses (Part IX, co			_		
	17 Otl	her expense	es (Part IX, column (A), lii	nes 11a-11d, 11f-24e)			412,754	. 241,906.
- 1	18 To	tal expense	s. Add lines 13-17 (must	equal Part IX, column (A),	line 25)		434,888	
_	19 Re	venue less	expenses. Subtract line 1	8 from line 12			-1,550	
Assets or d Balances						Beginnin	g of Current Yea	
100	20 To	tal assets (I	Part X, line 16)	*********************			306,723	
35	21 Tot	tal liabilities	s (Part X, line 26)	***************************************			37,023	
şã	22 Ne	t assets or	fund balances. Subtract li	ne 21 from line 20			269,700	
Pa	rt II	Signature	Block		***************************************	<u></u> l	205,100	. 234,029.
Unde				IKD, including accompanying schedu	aloc and statements, and to			* P 4 2 3 3
com	piete. Decia	ration of prepa	rer (other than officer) is based on	urn, including accompanying scheduall information of which preparer has	as any knowledge.	the best of the	ny knowledge and	belier, it is true, correct, and
Sig	n	Signature	e of officer			Da	te	
Hei	re	RHON	DA LAIRD			PRES]	EDENT	
		Type or p	orint name and title.			TIVHOI	LDEIAT	
		Print/Type pr	eparer's name	Preparer's signature	Date		Check X if	PTIN
Pai	d	SARA G	. MOON				_	İ
Pre	parer	Firm's name		& HOWARD, PLLC			self-employed	P00034774
Use	Only	Firm's addres	s ► 3310 WEST FMI	AVENUE, STE. 55	0			0 1070570
	•	i iiii s auures		7 AVENUE, SIE. 55 1 37203	<u> </u>			2-1073578
Mav	the IRS	discuss this		shown above? (see instruc	ations)		Phone no. (6	15) 383-6592
,								

	n 990 (2011) TENNESSEE ASSOCIATION FOR THE EDUCATION	23-7037075	Page 2
Pa	rt III Statement of Program Service Accomplishments		r age z
	Check if Schedule O contains a response to any question in this Part III.		
1	Briefly describe the organization's mission:		,
	TAEYC EXISTS TO PROVIDE MEMBERS WITH PROFESSIONAL DEVELOPMENT OF	PPORTUNITIES AND	O TO
	ADVOCATE FOR DESI PRACTICE IN THE CARE, DEVELOPMENT, AND EDUCAT	ION OF TENNESSER	E'S
	YOUNG CHILDREN.		
	Didlin		
4	Did the organization undertake any significant program services during the year which were not listed Form 990 or 990-EZ?	on the prior	
		Yes	X No
2	If 'Yes,' describe these new services on Schedule O.	<u></u>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s If 'Yes,' describe these changes on Schedule O.	services? Yes	X No
4	Describe the organization's program convice accomplishments for the first transfer of the second sec		
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	rvices, as measured by e	expenses.
	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported.	amount or grants and an	ocations to
	Section and the section of the secti		
48	(Code:) (Expenses \$179,795. including grants of \$16,278.)	(Revenue \$ 18	9,272.)
	ANNUAL CONFERENCE - TO PROVIDE ITS MEMBERS WITH PROFESSIONAL DEV	TET ODMENIT	
	OPPORTUNITIES AND TO ADVOCATE FOR BEST PRACTICE IN THE CARE, DEV	JELOPMENT, AND	
	EDUCATION OF TENNESSEE'S YOUNG CHILDREN. THIS ANNUAL CONFERENCE	TC A S DAV	
	CONFERENCE AND WAS ATTENDED BY OVER 850 EARLY CHILDHOOD PROFESSI	ONALS THIS PAST	YEAR.
	EACH PARTICIPANT WAS GIVEN THE OPPORTUNITY TO ATTEND VARIOUS WOR	RKSHOPS/SEMINADS	
	DEALING WITH ALL ASPECTS OF CHILD DEVELOPMENT AND EDUCATION OVER	₹ THE 3 DAY SEMI	NAR.
	ADDUTANA ACUTATURE TRATERED VICTORIA		
	ADDTIONAL ACTIVITIES INCLUDED: "DAYS ON THE HILL", BUSINESS LEAD	ER SUMMIT, AND	OTHER
	AWARENESS EVENTS THAT PROMOTE PRE-K EFFORTS IN TENNESSEE.		
41-			
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			_
4c	(Code:) (Expenses \$including grants of \$) (I	Payanua ¢	
) (revenue \$)
			 -
	~		
	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	}	
4e	Total program service expenses ► 179,795.		

		r	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		Х
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	Х	
5		5		Х
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		Х
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		Х
8		8		Х
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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.			
4	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yest complete Schedule D, Part VI	11a		Х
ı	Did the organization report an amount for investments— other securities in Part X, the 20 at is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11b		X
(Did the organization report an amount for investments— program related in Farty, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule Di Part VIII.	11 c		X
	I 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's, Part X.	11 d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	_	X
	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	11 f		<u>X</u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
	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, XII, and XIII is optional.	12b		Х
13 1 <i>1</i> 14	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
į,	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? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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		X
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		Х
	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		Х
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ib	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

04			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22		22	Х	
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>		^	Х
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25			
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	-	X
	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?			
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		
	a Section 501(c)(3) and 501(c)(4) 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		X
	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27		27		X
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedules Facily	28a		X
i	b A family member of a current or former officer, director, trustee, or key employee of the accomplete Schedule L, Part IV.	28b		х
ı	c An entity of which a current or former officer, director, trustee, officer, director, trustee, or director, trustee, or director, trustee, or direct or indirect owner? If the street of the constitution of	28c		Х
29	bid the organization receive more than \$25,000 in the organizations? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art bis orical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedula M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Х
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? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
ВАА			990 (2	2011)
			•	,

Form 990 (2011) TENNESSEE ASSOCIATION FOR THE EDUCATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.			Г
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8		
	ol .		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
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 2a	,		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		<u> </u>	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
bilf Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3h		^
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		х
bilifies, enter the name of the foreign country: ►	1.0		-
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).	6b		
a 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?			
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided.	7a		<u> </u>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property to the liewas required to file	7b		
	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			$\frac{\Lambda}{2}$
e Did the organization receive any funds, directly or indirectly to new grant benefit control benefit control.	7e		Χ
Did the organization, during the year, pay premiums wirecity on a nersonal benefit contract?	7f		X
g If the organization received a contribution of gualified intellectual property, did the organization file Form 8899 as required?	-'-	-	
	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.		100	
a Did the organization make any taxable distributions under section 4966?	9a	diam'r.	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		-6	
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b 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?	10-		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.	134		
b 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.			
c Enter the amount of reserves on hand	10-10		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	-0012	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14a		Λ
PAA	1711		

Form 990 (2011) TENNESSEE ASSOCIATION FOR THE EDUCATION 23-7037075 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI...... Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. 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. Yes No 1a 53 b Enter the number of voting members included in line 1a, above, who are independent ... 53 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? X 2 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?..... Х 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?.... SEE. SCHEDULE . 0 6 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? . SEE. SCHEDULE . O 7a X 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8a X b Each committee with authority to act on behalf of the governing body?..... X 86 Is there any officer, director or 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 Section B. Policies (This Section B requests information about policies not required by the laternal Revenue Code., Yes No 10a Did the organization have local chapters, branches, or affiliates?. 10a Х 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?

11 a Has the organization provided a complete copy of this Formago and members of its governing body before filling the form? 10b Χ 11 a Х b Describe in Schedule O the process, if any use by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.... 12b Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 Χ 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... 14 X 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? a The organization's CEO, Executive Director, or top management official..... 15 a Х **b** Other officers of key employees of the organization..... 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a 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 X **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 taken steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► <u>TN</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

SEE SCHEDULE O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LISA ROBERTSON 5809 FREDERICKSBURG DRIVE NASHVILLE TN 37215 615-279-0111

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII...

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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
- List all of the organization's former officers, key employees, and 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
		1	moor, uncetor, or trus								
(A) Name and title	(B) Average hours per week	(do no unte	ot che ss per and a	Pos ck m	c) sition ore the s botictor/tr	nan one h an off rustee)	box, icer	compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee Individual frustee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(1) MARY ANN NELSON						,_			d		
DIRECTOR	2	Х					ĺ		0.	0	
(2) LINDA SITTON									1	0.	
DIRECTOR	2	Х				.e56			0.	0	
(3) ELIZABETH WILSON					4		•	\	- 0.1	0.	
DIRECTOR	2	X as	2000		1		j	0.	0.	^	
(4) CORYE_NELSON	6			N	1	*	-	0.		<u> </u>	
DIRECTOR	(2)							0.	0.	^	
_(5) JAN KING									0.	<u> </u>	
DIRECTOR	2	Х			Ì			0.	0	^	
(6) BONNIE SPEAR				\neg	\neg		_		0.	0.	
DIRECTOR	2	Х		ı		ļ		0.	ا م	_	
(7) PAM SHARP			1		\dashv			0.	0.	0.	
DIRECTOR	2	Х						0.			
(8) CHERI LINDSLEY	=		_	\dashv	-		\dashv	U.	0.	0.	
DIRECTOR	2	Х	- 1				ı			_	
(9) SHAVETTE SUMMERS		- 21	-	-	$\neg +$		-	0.	0.	<u>0.</u>	
DIRECTOR	2	х		ı			ı		,	_	
(10) JO ANN FISBEY			\dashv			-		0.	0.	0.	
DIRECTOR	2	Х						0.			
(11) BRENDA CONN	_=			T	-				0.	0.	
DIRECTOR	2	Х						0.		_	
(12) CATHY WAGGONER			$\neg +$	7	-+		+	v.	0.	0.	
DIRECTOR	2	Х						0.			
(13) DR. SEAN DURHAM			\dashv	-+	+	-		- 0.	0.	0.	
DIRECTOR	2	х	ı		Ì	İ	Ì	0.			
(14) WINDY ROBBINS			\dashv	-+	\dashv				0.	0.	
DIRECTOR	2	$_{\rm X}$						0.	0.	^	
				— l-					<u> </u>	0.	

\$100,000 in compensation from the organization ► 0

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

TENNESSEE ASSOCIATION FOR THE EDUCATION 23-7037075 Part VII

Continuation:	Officers, Dir	ectors. Trust	ees. Kev	Employees.	and Highest	Compensated
"Employees	•	,	, ,	,,,	and inghout	Componsated

(A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average	Pos	ition (hat app	ly)	Reportable compensation from	Reportable compensation from		
	hourš per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
KATARI COLEMAN	_									· · · · · · · · · · · · · · · · · · ·	
DIRECTOR	2	X					<u> </u>	0.	0.	0.	
MARY GRAHAM	- ,	.,									
DIRECTOR GARY SMITH	2	Х			<u> </u>			0.	. 0.	0.	
DIRECTOR	- ₂	X						_			
HEATHER GANN	-	Α.					├	0.	0.	0.	
DIRECTOR	1 2	Х						0.	0.	0	
LINDA HARTBARGER	 						-	<u> </u>	U.	0.	
DIRECTOR	7 2	Х						0.	0.	0.	
MINDY DAVIS											
DIRECTOR	7 2	Х						0.	0.	0.	
DONNA DOWNS								4	J		
DIRECTOR	2	X							0.	0.	
CAROLE JOHNSON										1400	
DIRECTOR	2	Х					*	0.	0.	0.	
SALLY DRAPER	4 .			A	,		7				
DIRECTOR	2	N.				P		0.	0.	0.	
TERRI MCAVOY			100					_			
DIRECTOR MARTHA JACKSON	👺	-X						0.	0.	0.	
DIRECTOR	1 2	Х							^	•	
HEATHER WESTPHAL			$\vdash \vdash$					0.	0.	0.	
DIRECTOR	2	Х						0.	0.	0	
RYAN LASUER		21						0.	0.	0.	
DIRECTOR	1 2	Х						0.	0.	0.	
SANDY GUNTHARP								V.		<u> </u>	
DIRECTOR	7 2	Х						0.	0.	0.	
AMY WEBB											
DIRECTOR	2	X						0.	0.	0.	
EMILY NASCA											
DIRECTOR	2	Х						0.	0.	0.	
AMY MARTIN	_ _									-	
DIRECTOR	2	X		_				0.	0.	0.	
ROSE CARVER	4 _										
DIRECTOR PERCUSON	2	Х						0.	0.	0.	
DEBBIE FERGUSON PRESIDENT	ا ہ ۔	3.7		٠,						•	
CANDYEE GOODE	3.5	Х	\vdash	Х	-			0.	0.	0.	
VICE PRESIDENT	3.5	Х		Х				0.	0.	^	
KELLY TIVEY	1 3.3		\vdash	^				0.	U.	0.	
SECRETARY	3.5	х		х				0.	0.	0.	
	,			41				·		Form 990 Cont 2011	

Form 990 Cont 2011

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

TENNESSEE ASSOCIATION FOR THE EDUCATION

23-7037075

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A)	(B))		(C)			(D)	(E)	(F)	
Name and Title	Average	Position (check all that apply)									
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
SARA LONGHINI											
TREASURER	3.5	X		X			ļ	0.	0.	0.	
LISA MADDOX-VINSON	٠, ـ	,,							_	_	
SECA REP	3.5	Х		X				0.	0.	0.	
LIN VENABLE NAEYC REP	3.5	ļ ,,		77						^	
ELIZABETH JORDAN	3.5	X		X	\vdash			0.	0.	0.	
CHAIR-WEST	3.5	Х		Х				0.	0.	0	
BRENDA LANGSTON	3.3	^			_			0.	0.	0.	
CHAIR-EAST	3.5	X		Х				0.	0.	0.	
SHAE MIGA	0.5	<u> </u>						<u> </u>		<u> </u>	
CHAIR-MIDDLE	3.5	X		Х				0.	0.	0.	
RHONDA LAIRD							 		J · · ·	<u> </u>	
PRESIDENT ELECT	3.5	X		Х				$\sim \Omega$.	0.	0.	
		<u> </u>			🖁						
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										Form 990 Cont 2011	

Pai	t VIII Statement of Revenue	(A)	_ (B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b	T AND PURE TRACKETS	And particular and the		512, 515, 61 514
85	b Membership dues				
F S,	d Related organizations 1d				
Ş.₩	e Government grants (contributions) 1e		ASSESSED ASSESSED.		
S S	· · · · · · · · · · · · · · · · · · ·				
뙲	f All other contributions, gifts, grants, and similar amounts not included above 1f 46,675.				
E S	g Noncash contributions included in lns 1a-1f: \$		and the state	a a de la composição de la composição de la composição de la composição de la composição de la composição de la	
	h Total. Add lines 1a-1f	46,675.			
PROGRAM SERVICE REVENUE	2a TAEYC ANNUAL CONFERENCE 611430	150 022	150 022		
Ę	b MEMBERSHIP DUES & ASSESSMENTS 611430	159,032. 30,240.	159,032. 30,240.		***
틸	C	30,240,	50,240.		
ER	d				
AMS	e				
S S	f All other program service revenue				
8	g Total. Add lines 2a-2f▶	189,272.	Service Control		
	3 Investment income (including dividends, interest and	440			440
	other similar amounts)	440.			440.
	5 Royalties				
	(i) Real (ii) Personal		and a		
	6a Gross rents			Address (Astronom	
	b Less: rental expenses.				
	c Rental income or (loss)		(L J V		All Eranista
	d Net rental income or (loss)		<i>y</i>		
	7a Gross amount from sales of assets other than inventory.			Some states	
				Shabba	
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)			5465566	and plant of the
	d Net gain or (loss)				Address Addres
WE	8a Gross income from fundraising events (not including. \$				
REVENUE	of contributions reported on line 1c).			建设建设设置	halimbaring da
	See Part IV, line 18 a				
ОТНЕВ	b Less: direct expensesb		and the sent of		
	c Net income or (loss) from fundraising events ▶		TO BUILD OF SERVICE		
	9a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowancesa		bijaus encor	00.000000	
	b Less: cost of goods sold b c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a MISCELLANEOUS 900099	7,423.	7,423.		
	b				
	С				
	d All other revenue				
	e Total. Add lines 11a-11d	7,423.			
	12 Total revenue. See instructions	243,810.	196,695.	<u> </u>	440.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX										
6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising						
	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,000.	3,000.		expenses - respectively and the common sections of the common secti						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	13,278.	13,278.								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members			To an in the same was an							
5	Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.							
7	Other salaries and wages	19,078.	<u> </u>		0.						
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).	13,076.		19,078.	, , , , , , , , , , , , , , , , , , ,						
9	Other employee benefits										
10	Payroil taxes	2,219.		2,219.							
	Fees for services (non-employees):	2,213.		2,219.							
	Management										
	D Legal										
_	: Accounting	8,138.	· · · · · · · · · · · · · · · · · · ·	0.100							
	Lobbying	2,125.	··	8,138.							
	Professional fundraising services. See Part IV, line 17	2,123.		2,125.							
	Investment management fees										
	Other	10 042									
	Advertising and promotion	18,043	15,918.	2,125.							
		36,956	36,055.	901.	a						
13	Office expenses	,044.		6,044.							
14	Information technology	1114.		1,114.							
15	Information technology. Royalties. Occupancy.										
16	Occupancy	7,596.		7,596.							
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	93,544.	93,544.	· · · · · · · · · · · · · · · · · · ·							
20	Interest		20/0321								
21	Payments to affiliates		:		<u> </u>						
	Depreciation, depletion, and amortization	-			***************************************						
	Insurance	2,173.		2,173.							
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.).										
_				Migration and the second							
	PROGRAM/EVENT EXPENSE	25,459.		25,459.	<u></u>						
	ADVOCACY/MONITORING	18,000.	18,000.	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>							
	BOARD MEETING EXPENSE	12,418.		12,418.							
	MEMBERSHIP DUES	3,848.		3,848.							
	All other expenses	6,448.		6,448.							
	Total functional expenses. Add lines 1 through 24e	279,481.	179,795.	99,686.	0.						
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										
	SOP 98-2 (ASC 958-720)	<u> </u>	<u></u>								

Form 990 (2011) TENNESSEE ASSOCIATION FOR THE EDUCATION Part X Balance Sheet

_	7		(A) Beginning of year		(B) End of year
	1	The first state of bearing	148,575.	. 1	133,914
	2	Savings and temporary cash investments	134 574		129,490
	3	Pledges and grants receivable, net		3	125,490
	4	Accounts receivable, net	17,732.	4	16,740
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		60.00	10,740
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		5	
A S S E	7	Notes and loans receivable, net		6	·
Ē	8	Inventories for sale or use.		7	
Š	9	Prepaid expenses and deferred charges.	E 040	8	
	10:	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,842.	9	883.
		b Less: accumulated depreciation			
	11	Investments - publish traded constitue		10 c	
	12	Investments — publicly traded securities.		11	
	13	Investments – other securities. See Part IV, line 11.		12	
	14	Investments – program-related. See Part IV, line 11		13	
	15	Intangible assets.		14	
	16	Other assets. See Part IV, line 11		15	
-	17	Total assets. Add lines 1 through 15 (must equal line 34).	306,723.	16	281,027.
	18	Accounts payable and accrued expenses. Grants payable	34,443.	17	45,398.
	19	Deferred revenue	atter to a	18	
Ł	20	Tax-exempt bond liabilities	2,580.	19	1,600.
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		20	
B L I	22	highest compensated employees, and discussified paragraphs		21	
<u> </u>	23			22	
S	24	Secured mortgages and notes payable to unregated third parties		23	
		Unsecured notes and loans payable to the date third parties.		24	
	25 26	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
_	20	Total liabilities. Add lines 17 through 25.	37,023.	26	46,998.
Ę		Organizations that follow SFAS 117, check here ► X and complete lines			
- 1	27	27 through 29 and lines 33 and 34.	美術程等的新印度		
女のの正しの	28	Unrestricted net assets.	269,700.	27	234,029.
Š		Temporarily restricted net assets.		28	
g	Zij	Permanently restricted net assets.		29	
F		Organizations that do not follow SFAS 117, check here ► and complete			
DZC	30	lines 30 through 34.			
	30 21	Capital stock or trust principal, or current funds.		30	
7	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
ÑΙ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALIAZOWA	33	Total net assets or fund balances	269,700.	33	234,029.
BAA	34_	Total liabilities and net assets/fund balances.	306,723.	34	281,027.
DAR	,				Form 990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No. 1545-0047 2011

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2011

Name (of the organization	TENNE	SSEE ASSOCIA	TION FOR THE ED	UCATI	ON	***		Employ	er identific	ation number		
Par	Passon	for Dub	UNG CHILDREN	I, INC.		<u>. </u>			23-7	03707	5		
The	rganization is	not a priv	ate foundation bear	us (All organizations	s must	compl	<u>ete thi</u>	s part.) See	<u>instruc</u>	tions.		
1	A church	conventio	n of churches or as	sociation of churches de	ough II	, check	only one	box.)					
2	A school d	escribed	in section 170/hV1	(A)(ii). (Attach Schedule	scribed i	n sectio	on 170(b	χιχαχί).				
3	A hospital	or a coor	erative hospital ser	vice erganization describ	t⊏.) Sadiosa		70413463	• • • • • • • • • • • • • • • • • • • •					
4	The state of the s												
	name, city	, and stat	e:	ica in conjunction with a	nospitai	uescrip	ea in se	ction 17)(i)(a)U	A)(III). E	nter the ho	spital'	's
5	An organiz	ation ope V)(iv). (Co	operated for the benefit of a college or university owned or operated by a governmental unit described in section (Complete Part II.)										
6													
7	in section	rganization that normally receives a substantial part of its support from a governmental unit or from the general public described ection 170(b)(1)(A)(vi). (Complete Part II.)											
8	A commun	ity trust d	escribed in section	170(b)(1)(A)(vi). (Comple	ete Part	II.)							
9	investment June 30, 1	income a 975. See	and unrelated busin section 509(a)(2).		section	511 tax	na (2) n) from b	o more susiness	เกลก 33 es acqu				
10	An organiz	ation orga	anized and operated	d exclusively to test for p	ublic sat	fety. See	e sectio	n 509(a)	(4).				
11	describes t	he type o	f supporting organi	d exclusively for the bene described in section 509(zation and complete line	a)(1) or s 11e thr	section ough 11	509(a)(2 h.	2). See :	of, or ca section	rry out t 509(a)(3)	he purpose). Check th	s of o	ne or that
_	a ∐Type		b Type II		II – Fun	ctionally	integra	ted		d 📗	Type III -	- Othe	er
е	other than section 509		n managers and oth	organization is not contro ner than one or more put	fled dire	ctly or in oported	ndirectly organiza	by one itions d	or more escribed	disqual in secti	ified perso on 509(a)(ns 1) or	
f	If the organ	nization re	eceived a written de	termination from the IRS	that is	а Туре	FTV0	or Typ	e III sup	porting	organizatio	n,	
g	Since Augu	ıst 17, 20	06, has the organiz	ation accepted any gift	C ontri	ution fi	om any	of the fo	ollowina	persons			—
				4 W.		1						Yes	No
	(i) A per below	son who a , the government	directly or indirectly erning body of the	controls either done or supported organization?.									
	(ii) A fan	liny memi.	oer of a person desc	bed in (i) above?		• • • • • •	· • · · · · · ·			,	11 g (ii)		
h	Provide the	o COITHOR	eu ennny or a perso	n described in (i) or (ii) a the supported organizati	above?				• • • • • • •		11 g (iii)	<u> </u>	<u></u>
	(i) Name of su		1		1								
	organizat	ion	(ii) EIN	(iii) Type of organization (described on lines I-9 above or IRC section (see instructions))	column (Is the zation in i) listed in overning ment?	colum	ou notify nization in n (i) of upport?	colur	s the ration in me (i) ed in the S.?	(vii) Amou	nt of sup	port
-					Yes	No	Yes	No	Yes	No			
<u>(A)</u>											1005		
<u>(B)</u>													
(C)													
(D)											-		
<u>(E)</u>	7,400	u=											
_			计图像图象 医皮肤									-	
Total													
BAA I	For Paperwork	Reductio	n Act Notice, see tl	he Instructions for Form	990 or 9	90-EZ.		S	chedule	A (Forn	n 990 or 99)0.EZ)	2011

Schedule A (Form 990 or 990-EZ) 2011 TENNESSEE ASSOCIATION FOR THE EDUCATION 23-7037075 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Sec	tion A. Public Support			•			
begi	ndar year (or fiscal year nning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	323,496.	295,124.	229,156.	208,712.	46,675.	1,103,163.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	323,496.	295,124.	229,156.	208,712.	46,675.	1,103,163.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support, Subtract line 5 from line 4		Habita da Karan Distributa da Karan Distributa da Karan				1,103,163.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	323,496.	295,124.	229,156.	208,712.	46,675.	1,103,163.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,827.	1,842.	674.	753.	440.	7,536.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		184				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE .PART. IV			5,282.	7,653.	7,423.	20,358.
11	Total support. Add lines 7 through 10						1,131,057.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	911,558.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						97.53%
	Public support percentage from 2	•	•				98.30 %
	33-1/3% support test — 2011. If the and stop here. The organization	qualifies as a pul	olicly supported o	rganization	· · <i>· · ·</i> · · · · · · · · · · · · · ·		► [X]
b	33-1/3% support test — 2010. If t and stop here. The organization	he organization o qualifies as a put	lid not check a bo plicly supported or	x on line 13 or 16 rganization	oa, and line 15 is	33-1/3% or more,	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	r e. Explain in Part	: IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he i a publicly support	r e. Explain in Part ed organization	t IV how the
18 BAA	Private foundation. If the organi	zation did not che	ск а box on line	13, 16a, 16b, 17a			structions ► 90 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Sec	tion A. Public Support	·-					
Cale	ndar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(a) 2011	/6 T-1-1
	Gifts grants contributions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10,2003	(4) 2010	(e) 2011	(f) Total
	and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis-						
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose	· · · · · · · · · · · · · · · · · · ·					
•	that are not an unrelated trade						
Æ	or business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						·
	facilities furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and 3 received from					· · · · · · · · · · · · · · · · · · ·	
	disqualified persons						
ŀ	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.				##		
(: Add lines 7a and 7b						***
8	Public support (Subtract line				The state of	San San Bulletin III	····
Soo	7c from line 6.)tion B. Total Support						
		(-) 0007	# 1 color # 1				
	dar year (or fiscal yr beginning in) > Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gross income from interest,						
	dividends, payments received	Part A					
	on securities loans, rents, royalties and income from						
ı.	similar sources						
1.	Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975					1	
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on					ļ	
12	Other income. Do not include gain or loss from the sale of						***
	capital assets (Explain in						
13	Total support. (Add Ins 9, 10c, 11, and 12.)						
		e for the organize	ation's first second	d the contract of the contract	- CMI - L		
	First five years. If the Form 990 i organization, check this box and	stop here	anorrs mist, second	ı, tnira, tourtn, oi	r fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pub	olic Support P	ercentage				
15	Public support percentage for 20	11 (line 8, columi	n (f) divided by line	13, column (f)).			%
16	Public support percentage from 2	2010 Schedule A,	Part III, line 15		<u></u>	16	8
	tion D. Computation of Inve					· · · · · · · · · · · · · · · · · · ·	
10	Investment income percentage for	or 2011 (line 10c,	column (f) divided	by line 13, colur	mn (f))	17	8
10	Investment income percentage fr	om 2010 Schedul	e A, Part III, line 1	7		18	8
וטמ	33-1/3% support tests – 2011. If is not more than 33-1/3%, check	this box and stor	aid not check the t here. The organiz	oox on line 14, au zation qualifies a	nd line 15 is more s a nublicly suppor	than 33-1/3%, and	l line 17 ▶ [☐
b	33-1/3% sunnort tests = 2010 lf	the organization.	did not abook a ba	v on line 14 au lie	10		a <u> </u>
	line 18 is not more than 33-1/3%,	, check this box a	and stop here. The	organization qua	alifies as a publicly	' Supported organiz	ration >
20	Private foundation. If the organiz				•		

Schedule .	A (Form 990	or 990-EZ) 2	2011 TE	NNESSEE	ASSOCI	ATION F	OR THE	EDUCAT	'ION	23-703	70 7 5	Page 4
PartIV	Supplem Part II. li	ental Info ne 17a or tructions).	rmation. 17b; and	Complete I Part III, I	this par ine 12. A	t to provi Also comp	de the e	explanations part for	ons rec	quired by F dditional i	Part II, Iir nformatio	n.
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2011

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 TENNESSEE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, INC. 23-7037075

PART II,	LINE	10 - OTHER	INCOME
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NATURE AND SOURCE	2011	2010	2009	2008 2007
OTHER INCOME TOTAL	7,423. \$ 7,423. \$	7,653. 7,653.	5,282. 5,282.	\$ 0. \$ 0.

PUBLIC COPY

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

Name of the organization TENNESSEE ASSOCI	ATTOM FOR THE PRICE TO		
OF YOUNG CHILDRE	IN. THE EDUCATION	L.	er identification number
Organization type (check one):	1110.	23-7	037075
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not treat 527 political organization	ed as a private	foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated a 501(c)(3) taxable private foundation	ıs a private foun	dation
Check if your organization is covered by the (Note. Only a section 501(c)(7), (8), or (10) or	General Rule or a Special Rule. ganization can check boxes for both the General Rule	and a Special F	Rule. See instructions.
General Rule For an organization filing Form 990, 990-6 contributor. (Complete Parts I and II.)	EZ, or 990-PF that received, during the year, \$5,000 o	r more (in mone	y or property) from any one
Special Rules			
(2) 2% of the amount on (i) Form 990, Pa	Form 990 or 990-EZ that met the 33-1/3% support tes ed from any one contributor, during the year, a contrib rt VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Pa	arts I and II.	ater of (1) \$5,000 or
total contributions of more than \$1,000 for the prevention of cruelty to children or ani	ization filing Form 990 or 990-EZ that received from a ruse <i>exclusively</i> for religious, charitable, scientifical lib mals. Complete Parts J. II. and III.	iy one contribute rary or education	or, during the year, onal purposes, or
For a section 501(c)(7), (8), or (10) organic contributions for use exclusively for religion of this box is checked, enter here the total purpose. Do not complete any of the parts religious, charitable, etc, contributions of \$1.000.	ization filing Form 990 or 990 FZ that received om an us, charitable, etc, purposes, but these contributions contributions that were received during the year for a sunless the Gerica Rule primes to this organization 5,000 or more during the year.	ny one contribute did not total to m n exclusively reli because it receiv	or, during the year, nore than \$1,000. igious, charitable, etc, yed nonexclusively
Caution: An organization that is not covered by 990-PF) but it must answer 'No' on Part IV, lin Form 990-PF, to certify that it does not meet the second	on the General Rule and/or the Special Rules does not the 2, of its Form 990; or check the box on line H of its the filing requirements of Schedule B (Form 990, 990-	file Schedule B	(Form 990, 990 EZ, or on Part I, line 2, of its
BAA For Paperwork Reduction Act Notice, s 990EZ, or 990-PF.	ee the Instructions for Form 990, Sc	hedule B (Form 9	90, 990-EZ, or 990-PF) (2011)

Schedule B (Form 99 Name of organization	90, 990-EZ, or 990-PF) (2011)	Page	1 of 2 of Part
-	SOCIATION FOR THE EDUCATION	Emplo	yer identification number
	itors (see instructions). Use duplicate copies of Part I if addi		7037075
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$9,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		 \$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	(b)	5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	Name, address, and 218 + 4	(c) Total contributions	(d) Type of contribution
4		\$\$9,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 		 \$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		 \$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
ВАА	TEEA0702L 08/30/11	Schedule B (Form 990	. 990-EZ, or 990-PE) (2011)

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2011)	Page	2 of2 of Part
-	SSEE ASSOCIATION FOR THE EDUCATION	Emplo	yer identification number
	Contributors (see instructions). Use duplicate copies of Part I if additional	23-	7037075
(a) Number	(b)	(c) Total contributions	(d) Type of contribution
7		- \$ 10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)		_ _\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(3)	(b)	32 1	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	Name, address, and 2/2 + 4	(c) Total contributions	(d) Type of contribution
(a)	(b)	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
BAA	TEEA0702L 08/30/11	Schedule B (Form 990	. 990-EZ. or 990-PF) (2011)

1 to

1 of Part II

TENNESSEE ASSOCIATION FOR THE EDUCATION

Employer identification number 23-7037075

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-,	N/A	(see instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		4	
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		3	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		5	

Schedule B (F	orm 990, 990-EZ, or 990-PF) (2011)		Page	1 to 1 of Part III
Name of organizati TENNESSEE	E ASSOCIATION FOR THE EDITOR	CATION		Employer identification number
Part III E	xclusively religious, charitable, rganizations that total more that or organizations completing Part III, enter or organizations of \$1.000 or less for the year	etc, individual contribution 1 \$1,000 for the year.Comple or total of exclusively religious, cha		c)(7), (8), or (10) and the following line entry.
(a)	se duplicate copies of Part III if additions (b)	space is fleeded.		\$ <u>N/2</u>
No. from Part I	Purpose of gift	(c) Use of gift	Do	(d)
N/	/A		De	scription of how gift is held
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship c	of transferor to transferee
(a)				
No. from Part I	(b) Purpose of gift	(c) Use of gift	Des	(d) scription of how gift is held
-				
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship o	f transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Des	(d) cription of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Desc	(d) cription of how gift is held
	Transferee's name, addres:	(e) Transfer of gift s, and ZIP + 4	Relationship of	transferor to transferee
ВАА		TEEA0704L 08/30/11	Schedule B (Form	n 990, 990-EZ, or 990-PF) (2011)

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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

OMB No. 1545-0047 2011

Open to Public Inspection

٠	Section 501(c)(3) organization	ons: Complete Parts I-A and B. Do not con	anioto Double		
•	Section 501(c) (other than se	ection 501(c)(3)) organizations: Complete I	Parts I-A and C below	. Do not complete Part	I-B.
	- organizations, C	OHDIELE FAD I-A ODIV			
	- TO THE TOTAL CONTROL OF THE TAIL	es, to Form 990, Part IV, line 4, or Form 99 ons that have filed Form 5768 (election unc	ler section 501/h))· Ca	molete Part II A Dame	of account to the Donate Day
-	Part II-A.	ons that have NOT filed Form 5768 (election	n under section 501(h)): Complete Part II-B.	Do not complete
lf ti	e organization answered 'Ye	es,' to Form 990, Part IV, line 5 (Proxy Tax)	Or Form 000 E7 Bank	.V. E or .m m	
•	Section 501(c)(4), (5), or (6)	organizations: Complete Part III.	or rollingso-c.z, Part	v, line 35a (Proxy Tax)), then
Nam	e of organization	· · · · · · · · · · · · · · · · · · ·		Employer identific	
TE	NNESSEE ASSOCIATIO	N FOR THE EDUCATION		100 700 70	- m
Pa	rt I-A Complete if the c	organization is exempt under sect	ion 501(c) or is a	section 527 organi	zation
•	TOTAL A GESCHIPTION OF THE	organization's direct and indirect political	campaign activities in	Doct IV	Zation,
2	Political expenditures	********			1
	volunteer nours			**************************************	'———— <u> </u>
662 68 A 452	Complete ii tile (riganization is exempt under sect	ion but(c)(3).		
1	Enter the amount of any ex	cise tax incurred by the organization unde	section 4955	▶ ċ	
2	Enter the amount of any ex	cise tax incurred by organization manager	s under section 4065	► A	
3	ii the organization incurred	a section 4955 tax, did it file Form 4720 for	r this vear?		
4	a was a conection made		, and your in the second	*****************	Yes No
	vii ios, uescilue ili Fait iv.				
Pa	rt I-C Complete if the c	organization is exempt under sect	on 501(c) excen	t section 501/cV3V	
1	Enter the amount directly ex	xpended by the filing organization for secti	on 527 exempt function	on Setimation	
2	Enter the amount of the filir	ng organization's funds contributed to othe	on our oxempt functi	A activities	
	function activities	ig organization's funds contributed to othe	organizations to see	#fon 5247 exempt	
3	Total exempt function exper	aditures Add lines 1 and 2 Enter had	_ # % ##	<u> ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰</u>	
-	IIIIC 179				
4	Did the filing organization fil	e Form 1120 POL for this to 2			
5	Enter the names, addresses	is and employer derivinction number (EIN) is. For each organization listed, enter the actions received that were promptly and direct at action committee (PAC). If additional sp	of all section 527 not	itical organizations to u	Yes No
	organization made payment amount of political contribut	s. For each diganization listed, enter the a	mount paid from the	iling organization's fund	ds. Also enter the
	segregated fund or a political	al action committee (PAC). If additional sp	tly delivered to a sepa ace is needed, provide	arate political organizati	ion, such as a separate
	(a) Name	(b) Address			
	(-)	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
				If none, enter-0	promptly and directly delivered to a separate
					political organization. If none, enter -0-,
(1)					
··/					
(2)				<u> </u>	
·-/					
(3)				· · · · · · · · · · · · · · · · · · ·	·
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(4)					
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(5)					

(6)

Part II-A Complete if	the organizati	ion is exempt under section 501(c)(ON 23- 3) and filed Form 576	7037075 Pa
	<u> </u>	•		
address	IIIY OIYANIZATION D	elongs to an affiliated group (and list in Part	IV each affiliated group m	nember's name,
B Check ► if the file	ing organization o	and share of excess lobbying expenditures). hecked box A and 'limited control' provisions		
(The town	Limits on Lob	bying Expenditures eans amounts paid or incurred.)		(b) Affiliated
1 a Total labbida and ill	expenditures m	eans amounts paid or incurred.)	(a) Filing organization's totals	s (b) Affiliated group totals
h Total labbuing expendi	tures to influence	public opinion (grass roots lobbying)		
C Total lobbying expendit	tures to influence	a legislative body (direct lobbying)		
d Other exempt purpose	avnenditures 18	a and 1b)		
e Total exempt purpose	experiditures (add	lines 1c and 1d)		
Dour columns.		amount from the following table in		
If the amount on line 1e, co	lumn (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000		20% of the amount on fine te.	And allowed the state of	
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$ Over \$17,000,000	117,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		a farmania
		\$1,000,000.		
	amount (antar 250	V of line 16		
h Subtract line 1a from lin	amount (enter 25% ne 1a lf zero or le	% of line 1f).		
h Subtract line 1g from lit	ne 1a. If zero or le	ss, enter -0-		
i Subtract line 1g from lin i Subtract line 1f from lin i If there is an amount of	ne 1a. If zero or le e 1c. If zero or les her than zero on c	ss, enter -0.		
i Subtract line 1g from lin i Subtract line 1f from lin j If there is an amount ot section 4911 tax for this	ne 1a. If zero or le e 1c. If zero or les her than zero on e s year?	ess, enter -0ss, enter -0ss, enter -0sither line 1h or line 1i, did the organization f	file Form 4720 reporting	Yes
i Subtract line 1g from lin j If there is an amount of section 4911 tax for this	ne 1a. If zero or le e 1c. If zero or les her than zero on e s year?	ess, enter -0ss, enter -0ss, enter -0sither line 1h or line 1i, did the organization f	file Form 4720 reporting	Yes
i Subtract line 1g from lin i Subtract line 1f from lin j If there is an amount ot section 4911 tax for this	ne 1a. If zero or lese 1c. If zero or lese her than zero on est year?	either line 1h or line 1i, did the organization for the section 50 at made a section 501(h) election do not have below. See the instructions for lines 2a to 1500 and	file Form 4720 reporting 1(h) ve to complete all of the fi	······ Yes
i Subtract line 1g from lin j If there is an amount of section 4911 tax for this	ne 1a. If zero or lese 1c. If zero or lese her than zero on est year?	A-Year Averaging Period Under Section 50 at made a section 501(h) election do not have below. See the instructions for lines 2a tobying Expenditures During 4-Year Averaging	file Form 4720 reporting 1(h) ve to complete all of the fi	····· Yes ive
i Subtract line 1g from lin Subtract line 1f from lin J If there is an amount of section 4911 tax for this (Som	ne 1a. If zero or le e 1c. If zero or le ther than zero on e s year? e organizations the column	A-Year Averaging Period Under Section 50 at made a section 501(h) election do not have below. See the instructions for lines 2a tobying Expenditures During 4-Year Averaging	file Form 4720 reporting 1(h) ve to complete all of the filtrough 2(f.)	lve
i Subtract line 1g from lin i Subtract line 1f from lin j If there is an amount of section 4911 tax for this (Som Calendar year (or fiscal year beginning in) a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line	ne 1a. If zero or le e 1c. If zero or le ther than zero on e s year? e organizations the column	A-Year Averaging Period Under Section 50 at made a section 501(h) election do not have below. See the instructions for lines 2a tobying Expenditures During 4-Year Averaging	file Form 4720 reporting 1(h) ve to complete all of the filtrough 2(f.)	lve
i Subtract line 1g from lin Subtract line 1f from lin j if there is an amount of section 4911 tax for this (Som Calendar year (or fiscal year beginning in)	ne 1a. If zero or le e 1c. If zero or le ther than zero on e s year? e organizations the column	A-Year Averaging Period Under Section 50 at made a section 501(h) election do not have below. See the instructions for lines 2a tobying Expenditures During 4-Year Averaging	file Form 4720 reporting 1(h) ve to complete all of the filtrough 2(f.)	lve
i Subtract line 1g from lin i Subtract line 1f from lin j If there is an amount of section 4911 tax for this (Som Calendar year (or fiscal year beginning in) a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e))	ne 1a. If zero or le e 1c. If zero or le ther than zero on e s year? e organizations the column	A-Year Averaging Period Under Section 50 at made a section 501(h) election do not have below. See the instructions for lines 2a tobying Expenditures During 4-Year Averaging	file Form 4720 reporting 1(h) ve to complete all of the filtrough 2(f.)	lve
i Subtract line 1g from lin i Subtract line 1f from lin j If there is an amount of section 4911 tax for this (Som Calendar year (or fiscal year beginning in) a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures	ne 1a. If zero or le e 1c. If zero or le ther than zero on e s year? e organizations the column	A-Year Averaging Period Under Section 50 at made a section 501(h) election do not have below. See the instructions for lines 2a tobying Expenditures During 4-Year Averaging	file Form 4720 reporting 1(h) ve to complete all of the filtrough 2(f.)	lve
i Subtract line 1g from lin i Subtract line 1f from lin j If there is an amount of section 4911 tax for this (Som Calendar year (or fiscal year beginning in) a Lobbying non-taxable amount (150% of line 2a, column (e)) c Total lobbying expenditures	ne 1a. If zero or le e 1c. If zero or le ther than zero on e s year? e organizations the column	A-Year Averaging Period Under Section 50 at made a section 501(h) election do not have below. See the instructions for lines 2a tobying Expenditures During 4-Year Averaging	file Form 4720 reporting 1(h) ve to complete all of the filtrough 2(f.)	(e) Total

Schedule C (Form 990 or 990-EZ) 2011 TENNESSEE ASSOCIATION FOR THE EDUCATION 23-7037075

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

h 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
or the lobbying activity.	Yes	No	Amount	
SEE PART IV 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:				
a Volunteers?	100000000	Х	网络玻璃造物合作的	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?	Х	- 1		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			
i Other activities?	X		0 105	
j Total. Add lines 1c through 1i.			2,125.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		2,125.	
b If 'Yes,' enter the amount of any tax incurred under section 4912	-	<u> </u>		
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?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(~\/E\	X	2 Sept. 10 Sept. 15 Sept.	
section 501(c)(6).	C)(3),	or		
1 Were substantially all (90% or more) dues received nondeductible by members?			Yes No	
2 Did the organization make only in house lobbying expenditures of \$2,000 or local	· • · · • •			
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?	• • • • • •	• • • • •	2	
Part III-B Complete if the organization is exempt under section 501(d(4)) section 501(> 400	<u></u>	3	
answered 'Yes.'	c)(5), ? (b)	or s Part	ection III-A, line 3, is	
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).				
a Current year	i i	2a		
b Carryover from last year.	····	2b		
c 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 politic	- B	3	7811	
experience flexit year :		4		
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		5		
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part Iso, complete this part for any additional information.	t II-A;	and F	Part II-B, line 1.	
PART_II-B - DESCRIPTION OF LOBBYING ACTIVITY				
THE ORGANIZATION PAYS A LOBBYIST \$4,250 TO WORK ON BEHALF OF TENNE	SSEI	<u>:'S</u>	CHILDREN,	
KEEPING_THE_ORGANIZATION_INFORMED_OF_BILLS_AND_ISSUES_THAT_DIRECTI	IL Y.	MPAC	T_THE_CHILD	
CARE PROFESSION_AND_BEST_PRACTICE_FOR_CHILD_CARE_AND_EDUCATION_OF_	THE	YQU	NG_CHILD	
50%_OF_HIS_TIME_IS_ALLOCATED_TO_LOBBYING_ACTIVITIES				

Schedule U (Form 990 or 990 EZ) 2011 TENNESSEE ASSOCIATION FOR THE EDUCATION	23-7037075	Page 4
Part IV Supplemental Information (continued)		
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer Identific	ation number
TENNESSEE ASSOCIATION FOR '	THE EDUCATION	N				23-703707	'5
Part I General Information on G	rants and Assis	tance	****		***-	1	
 Does the organization maintain record the selection criteria used to award the 	ds to substantiate II ne grants or assista	he amount of the grance?	ants or assistance, the ç	rantees' eligibility for t	he grants or assistance	e, and	X Yes
2 Describe in Part IV the organization's	procedures for mo	nitoring the use of a	rant funds in the United	States. SEE DA	PT TV		
Part II Grants and Other Assista	nce to Governm	ents and Organ	izations in the Unit	ed States, Comple	te if the organizat	ion answered 'Ye	es' to
Form 990, Part IV, line 21	for any recipien	it that received r	nore than \$5,000. C	heck this box if no	one recipient rec	eived more than	\$5,000.
Part II can be duplicated if	additional space	e is needed	*************				► 🛛
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u></u>							
(2)							
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<i>(</i> 2)		·		LON			
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(8)				****			
757							
2 Enter total number of section 501(c)(3	3) and government	organizations listed	in the line 1 table				L
3 Enter total number of other organizati	ons listed in the lin	e 1 table	are mile) table	****************	***************************************		0
BAA For Paperwork Reduction Act Notice	, see the instruction	ns for Form 990.		TEEA3901L	06/01/11	Schedul	e I (Form 990) (2011)

Schedule I (Form 990) (2011) TENNESSEE ASSI Part III Grants and Other Assistance to In Part III can be duplicated if addition	المملد سأمام المسامة برأاه		plete if the orgar	23- nization answered 'Yes' to	-7037075 Pac D Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STUDENT 1 MEMBERSHIPS/INVOLVEMENT	35	5,383.		Tov. appleasa, ougly	
SEMINAR RELATED-VENDOR 2 PAYMENTS		5,030.			
3 TRAVEL/ACCOMODATIONS-SEMINAR	9	2,865.			
4					
5					
6					
7 Part IV Supplemental Information. Comple					
APPLICATIONS ARE COMPLETED BY G	 ••	publi			
			~		
	·				
W.					Schedule I (Form 990) (201

TEEA3902L 01/25/32

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	inspection
Name of the organization TENNESSEE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, INC.	Employer identification number 23-7037075
990 PART VI-B LINE 15A - COMPENSATION	
THE ORGANIZATION DOES NOT EMPLOY A CEO/EXECUTIVE DIRECTOR. HOWE	VER, THERE IS A
PERSONNEL COMMITTEE THAT REVIEWS THE PERFORMANCE OF THE OFFICE	MANAGER AND THEY MAKE
RECOMMENDATIONS TO THE EXECUTIVE BOARD AND THEN THE FULL BOARD.	
FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORIT	Y TO COMMITTEE
THE EXECUTIVE COMMITTEE HAS SOME DELEGATED AUTHORITY, AND WE US	E THE MOST CURRENT
EDITION OF ROBERT'S RULES OF ORDER AS THE PARLIAMENTARY AUTHORI	TY OF THE
ASSOCIATION.	-
VOTES ON FINANCIAL MATTERS MUST BE APPROVED BY THE ENTIRE BOARD	AND BY-LAW CHANGES
MUST BE APPROVED BY THE MEMBERSHIP.	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF LEMBERS OR SHAR	
THE ORGANIZATION HAS MEMBERS THAT PAY MEMBERSHIP DUES AND HAVE	THE ABILITY TO VOTE
ON GOVERNANCE ISSUES OF THE ORGANIZATION.	·
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVE	RNING BODY
THE MEMBERSHIP VOTES FOR ALL EXECUTIVE BOARD OFFICERS: PRESIDENT	r, VICE PRESIDENT,
SECRETARY, TREASURER, SECA REP, NAEYC REP, AND NOMINATING CHAIRS	FOR EAST, MIDDLE,
AND WEST TN.	
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY M	EMBERS OR SHAREHOLDERS
CHANGES TO BY-LAWS AND ELECTING OFFICERS ARE SUBJECT TO THE APPR	ROVAL OF THE
MEMBERSHIP. MEMBERSHIP MUST BE CURRENT BEFORE VOTING IS PERMITT	ED.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
A DRAFT VERSION OF THE 990 IS PROVIDED ELECTRONICALLY TO THE GOV	ERNING BODY. THE
990 IS FORMALLY REVIEWED BY THE FINANCE AND EXECUTIVE BOARD BEFO	ORE SUBMISSION.
·	

Schedule O (Form 990 or 990-EZ) 2011		Page 2
Name of the organization TENNESSEE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, INC.	Employer identification number 23-7037075	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF CONFLICTS	
ALL BOARD MEMBERS ARE REQUIRED TO ANNUALLY SIGN THE CONFLICT OF	INTEREST POLICY,	AND
IF A SITUATION IS IDENTIFIED, WE WILL ADDRESS THIS ISSUE WITH I	THE EXECUTIVE BOARD	·
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE	
THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND MADE AVAILABL	E TO ALL BOARD	
MEMBERS.		
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