Form 990

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)

OMB No. 1545-0047

2007

Department of the Treasury Internal Revenue Service(77)

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

Open to Public -Inspection

A	For th	e 2007 calend	ar year, o	or tax year beginning	<u>, 2007, and</u>	ending			attingal at	
В	Check if	applicable:	Disease	С			ا تا ا		ntification Number	
	Add	tress change	Please use IRS label	TENNESSEE QUALITY AV	NARD, INC. D/B/A	,	<u> </u>	62-1502414		
	\vdash	me change	or type.	TN CENTER FOR PERFORMETER BLACE	MANUE EXCELLENCE	2	E	Telephone nu		
	⊢	ial return	See specific	2525 PERIMETER PLACE NASHVILLE, TN 37214-			<u> </u>	615-889		
	Termination Instructions. INASITYTELE, TW S7214 3773							Accounting method:	Cash X	Accrual
	Amended return						Other (sp			
	\vdash	plication pending	• Section	on 501(c)(3) organizations and	1947(a)(1) nonexempt		are not applicable			(Tri
			charit	able trusts must attach a comp	leted Schedule A		Is this a group retu			X No
			•	990 or 990-EZ).			if 'Yes,' enter num			Π
G	Web s	site: ► WWW.	INCPE.	UKG		⊣H (c)	Are all affiliates in (If 'No,' attach a li			No
J	Organ	nization type		V 2		L (4)	•			
	(checl	k only one)	· · · · · ·	X 501(c) 3 ◀ (insert no.)		┤ ^{'' (a)}	Is this a separate organization cover			X No
K	Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the Group Exemption								1,00	11 110
	gross	ganization chooses to file a return, be sure to file a complete return. M Check if the o								ed
_				b, 9b, and 10b to line 12 > 4		┦‴			0, 990-EZ, or 990-I	
<u> </u>	irt I	Revenue	Fyner	nses, and Changes in Net	Assets or Fund Bala	ances				
<u> </u>				ants, and similar amounts received				100/201		
				advised funds		1 a				
				not included on line 1a)		1 b	163,42	5.		
				(not included on line 1a)						
	ت	Covernment of	- support	ons (grants) (not included on lin	e la)	1 d				
	d	Total (add lines	¢	163, 425. noncash \$	۱				163	,425.
	,	la through 1d) (ca	ico rever	nue including government fees a	nd contracts (from Part V	II. line 9	3)	2		,343.
	3	Membership	tupe and	assessments	community (months and vi			3		
				d temporary cash investments				· · · · · · · · · · · · · · · · · · · 		
	4	Dividends and	avings all dinterect	from securities				5	_	
	ь а	Gross rents.	vnonce			6 b				
	۵	Not rostal in	omo or 1	loss) Subtract line 6h from line	6a	 				
	c Net rental income or (loss). Subtract line 6b from line 6a) 7	- -	
R E				•	(A) Securities		(B) Other			
V E	8a	Gross amoun	t from sa	les of assets other		8a	<u> </u>			
REVENUE	L		-	sis and sales expenses		8Ы				
Ε				ule)		8 c				
				mbine line 8c, columns (A) and				8d		
	9 9	Special event	ts and ac	tivities (attach schedule). If any	amount is from gaming.	check h	ere ►		•	
				cluding \$				[1,040 A		
						9 a		100		
		Less: direct e	expenses	other than fundraising expenses	5	9Ь				
	c	Net income o	r (loss) f	rom special events. Subtract line	9b from line 9a			9с		
	10a	Gross sales of	of invento	ry, less returns and allowances		0 a				
	Ь	Less: cost of	goods so	oid		0 b				
	c	Gross profit or (I	oss) from s	ales of inventory (attach schedule). Subt	ract line 10b from line 10a			10 c	 .	
	11			Part VII, line 103)				11		,338.
_	12			es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,						,106.
_	13	Program serv	vices (fro	m line 44, column (B))		<i>.</i>		13		,370.
EXPERSES	14	Management	and gen	eral (from line 44, column (C)).		. <i></i>		14		,018.
E	15	Fundraising ((from line	44, column (D))				15	20	,006.
N S	16			(attach schedule)						
S	17_	Total expens	es. Add	ines 16 and 44, column (A)	<u> </u>		<u></u>	17		,394.
	18	Excess or (de	eficit) for	the year. Subtract line 17 from	line 12			18		,712.
		Net assets or	fund bal	ances at beginning of year (fror	n line 73, column (A))	 .		19	146	<u>,360.</u>
N E T	20	Other change	es in net	assets or fund balances (attach	explanation)			20		
	21			ances at end of year. Combine					225	,072.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

Do	not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising			
22 a	Grants paid from donor advised								
	funds (attach sch)								
	(cash \$				ar in the first of the figure of the first o				
	non-cash \$) If this amount includes	. !							
	foreign grants, check here	22 a							
	Other grants and allocations (att sch)								
	(cash \$								
	non-cash \$)								
	If this amount includes foreign grants, check here	22 b							
22	Specific assistance to individuals								
23	(attach schedule)	23							
24	Benefits paid to or for members								
	(attach schedule)	24							
25 a	Compensation of current officers,								
	directors, key employees, etc. listed in Part V-A	25 a	110,416.	93,854.	11,042.	5,520.			
b	Compensation of former officers,								
_	directors, key employees, etc. listed	25 b	0.	0.	0.	0.			
_	in Part V-B	230			<u> </u>				
·	included above, to disqualified persons (as								
	defined under section 4958(f)(1)) and persons described in section		_	_					
	4958(cχ3χB)	25 c	0.	0.	0.	0.			
26	Salaries and wages of employees not		oca	61 167		2 500			
	included on lines 25a, b, and c	26	71,961.	61,167.	7,195.	3,599.			
27									
	included on lines 25a, b, and c	27							
28	Employee benefits not included on	28	39,285.	33,392.	3,929.	1,964.			
20	lines 25a - 27 Payroll taxes		39,203.	33,392.	3, 525.	1, 504.			
29 30	Professional fundraising fees								
31	Accounting fees		4,070.	3,460.	407.	203.			
32	Legal fees								
33	Supplies		5,390.	4,582.	539.	269.			
34	Telephone		3,559.	3,025.	356.	178.			
35	Postage and shipping	35	5,602.	4,762.	560.	280.			
36	Occupancy	36							
37	Equipment rental and maintenance	_37	8,783.	7,466.	878.	439.			
38	Printing and publications	38	22,279.	18,937.	2,228.	1,114.			
39	Travel	39	12,580.	10,693.	1,258.	629.			
40	Conferences, conventions, and meetings	40	32,906.	27,970.	3,291.	1,645.			
41	Interest	41	2 210	2 210					
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize):	42	2,218.	2,218.					
	ADMINISTRATIVE FEES	43a	11,083.	9,421.	1,108.	554.			
	BOARD OF EXAMINER EXP	43b		19,613.		1,154.			
	MARKETING	43 c	6,880.	5,848.	688.	344.			
	OTHER	43 d		6,437.	758.	378.			
	RECOGNITION & BANQUET	43 e	34,735.	29,525.	3,474.	1,736.			
f		43 f							
ç	 	43 g							
44	Total functional expenses. Add lines 22a								
7-1	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	402,394.	342,370.	40,018.	20,006.			
Join	t Costs. Check. if you are following			3.2,3.0.	13,020.	,			
	Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes X No								
	If 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services								
\$_	; (iii) the amount a		d to Management and g		; and (iv) th				
to Fi	undraising \$.			-					

Part III Statement of Program Service Accomplishments (See the instructions.)

									source of info			
									information			
please make	e sure th	e return is	complete a	ind accurat	e and fully	describes	in Part III, t	he organiz	zation's prog	rams and ac	complishmer	nts.

What is the organization's primary exempt purpose?	SEE STATEMENT 1	Program Service Expenses
All organizations must describe their exempt purpos	se achievements in a clear and concise manner. State the number of ments that are not measurable. (Section 501(c)(3) and (4) organizations and allocations to others.)	(Required for 501(c)(3) and (4) organizations and
izations and 4947(a)(1) nonexempt charitable trusts	must also enter the amount of grants and allocations to others.)	4947(a)(1) trusts; but optional for others.)
CDE AMMACUED CHAMPMENT 1		
-		
	Vif this amount includes farsign graphs about here.	242 270
•) If this amount includes foreign grants, check here	342,370.
b		
(Grants and allocations \$) If this amount includes foreign grants, check here 🕒	
c		
(Grants and allocations \$) If this amount includes foreign grants, check here	
•		
~		
· · · · · · · · · · · · · · · · · · ·) If this amount includes foreign grants, check here	
e Other program services		
) If this amount includes foreign grants, check here	
f Total of Program Service Expenses (should ea	qual line 44, column (B), Program services)	342,370.

BAA

Form 990 (2007)

	rt IV Balance Sheets (See the instructions.))			
	e: Where required, attached schedules and amounts win column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
\Box	45 Cash - non-interest-bearing		89,760.	45	234,539.
	46 Savings and temporary cash investments			46	

	47 a Accounts receivable			3.4	
	b Less: allowance for doubtful accounts		19,124.	47 c	<u>22, 78</u> 9.
				· 注:	
	48a Pledges receivable				
	b Less: allowance for doubtful accounts	48b	70,750.	48 c	45,800.
	49 Grants receivable		49		
	50 a Receivables from current and former officers, direct employees (attach schedule)	ctors, trustees, and key		50 a	
	b Receivables from other disqualified persons (as de and persons described in section 4958(c)(3)(B) (at	fined under section 4958(f)(1)) tach schedule)		50 b	-· <u>-</u>
S	51 a Other notes and loans receivable			2.50g	
A S S E T	(attach schedule)			#:::3 -	
Ś	b Less: allowance for doubtful accounts			51 c	
	52 Inventories for sale or use	r		53	
	53 Prepaid expenses and deferred charges			54 a	
	54a Investments – publicly-traded securities			54 b	
	b Investments — other securities (attach sch)	· · · — - ·		340	
	55a Investments – land, buildings, & equipment: basis	554	ı	(#4)	
	b Less: accumulated depreciation (attach schedule)	55 b		55 c	
	56 Investments – other (attach schedule)			56	
	57 a Land, buildings, and equipment: basis	57a 26,728.			
	b Less: accumulated depreciation (attach schedule)STATEMENT.2.	57ы 23,535.	3,491.		3,193.
	58 Other assets, including program-related investmen			1	
	(describe •)		58	
	59 Total assets (must equal line 74). Add lines 45 thr	ough 58	183,125.	59	306,321.
	60 Accounts payable and accrued expenses		36,765.	60	30,809.
	61 Grants payable			61	<u> </u>
Ļ	62 Deferred revenue			62	50,440.
A B	63 Loans from officers, directors, trustees, and key				
B I L	employees (attach schedule)			63 64a	
Ţ	64a Tax-exempt bond liabilities (attach schedule)			64b	
E S	b Mortgages and other notes payable (attach schedule)			65	
S	65 Other liabilities (describe ►	'``	36,765.	66	81,249.
_	Organizations that follow SFAS 117, check here			14/3	
N E T	through 69 and lines 73 and 74.	Tana complete inics of			
Ť	67 Unrestricted		75,610.	67	179,272.
Ş	68 Temporarily restricted		70,750.	68	45,800.
ANNETS	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here			100	
Q R	70 through 74.	<u> </u>			
FUZD	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and ed		71		
B A	72 Retained earnings, endowment, accumulated income		72		
BALANCEの	73 Total net assets or fund balances. Add lines 67 th	rough 69 or lines 70 through	7.46.060		225 272
CEG	72. (Column (A) must equal line 19 and column (E	B) must equal line 21)	146,360.	73	225,072.
	74 Total liabilities and net assets/fund balances. Add	d lines 66 and 73	183,125.	74	306,321.

TENNESSEE QUALITY AWARD, INC. D/B/A Form 990 (2007) Page 5 Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.) Total revenue, gains, and other support per audited financial statements..... 497,357. Amounts included on line a but not on Part I, line 12: 1 Net unrealized gains on investments..... 2Donated services and use of facilities..... b2 16,251 3Recoveries of prior year grants..... Ь3 4Other (specify): _____ Add lines b1 through b4.... 16,251. 481,106. Amounts included on Part I, line 12, but not on line a: 1 Investment expenses not included on Part I, line 6b 2Other (specify): _______ Add lines d1 and d2..... Total revenue (Part I, line 12). Add lines c and d..... 481,106. Part IV-B. Reconciliation of Expenses per Audited Financial Statements with Expenses per Return Total expenses and losses per audited financial statements..... 418,645. Amounts included on line a but not on Part I, line 17: 1 Donated services and use of facilities..... b1 16,251 2Prior year adjustments reported on Part I, line 20...... Ь3 3Losses reported on Part I, line 20..... 40ther (specify): Add lines b1 through b4..... 16,251. 402,394. Amounts included on Part I, line 17, but not on line a: 1 Investment expenses not included on Part I, line 6b Add lines d1 and d2..... Total expenses (Part I, line 17). Add lines c and d ... 402,394. Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.) (D) Contributions to (B) Title and average hours (C) Compensation (E) Expense account and other employee benefit per week devoted (if not paid. (A) Name and address plans and deferred enter -0-) to position allowances compensation plans KATHRYN S. RAWLS PRESIDENT 110,416. 11,660. 0. 2525 PERIMETER PLACE 50.00 NASHVILLE, TN 37214-3773 SEE ATTACHED LISTING OF 0. 0. 0. 0 NONCOMPENSATED OFFICERS AND DIRECTORS,

Form 990 (2007) TENNESSEE QUALITY AWA			62-15024	14	F	age 6			
Part V-A Current Officers, Directors, Tru	istees, and Key Er	nployees (continue	<u>d)</u>		Yes	No			
75 a Enter the total number of officers, directors, and trustees p	•	•	′		1				
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the rela	nsated professional and igh family or business	d other independent cor	ntractors listed in Schedul	es le 75 b		- X			
c Do any officers, directors, trustees, or key em- listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	nsated professional and n any other organizatio	d other independent cor ns. whether tax exempt	itractors listed in Schedul or taxable, that are relate	le ed -	lië.	<u> </u>			
If 'Yes,' attach a statement that includes the information described in the instructions.									
d Does the organization have a written conflict of interest policy?									
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, directed during the year, list that person below a the instructions.)	stees, and Key En	nployees That Reco	eived Compensation	or Oth	below)			
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account	opense and of ances	ther			
NONE									
					_				
Part VI Other Information (See the insti	ructions.)				Yes	No			
76 Did the organization make a change in its acti If 'Yes,' attach a detailed statement of each change in the statement of eac	nange	. ,			1,-31,-1 1,-101,	Χ			
77 Were any changes made in the organizing or of If 'Yes,' attach a conformed copy of the chang		out not reported to the IF	RS?	77		X			
78 a Did the organization have unrelated business of b If 'Yes,' has it filed a tax return on Form 990-7	=			78ь	N/				
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	on, or substantial contra	action during the		79		X			
80 a Is the organization related (other than by asso membership, governing bodies, trustees, office b If 'Yes,' enter the name of the organization	ers, etc, to any other e: N/A	xempt or nonexempt or	ganization?	80a		X			
81 a Enter direct and indirect political expenditures	and ch (See line 81 instruction).	neck whether it is 🔲 e	xempt or nonexem	pt. 0.					

TEEA0106L 12/27/07

BAA

Form 990 (2007)

Form 990 (2007)

Form 990 (2007) TENNESSEE QUALITY	AWARD, I	NC. D/	B/A		62-1502	2414	Page 8
Part VI Other Information (continu	ed)						Yes No
c At any time during the calendar year, did	d the organiza	ition mair	itain an office	outside of the l	Jnited States?	<u>91 c</u>	X
If 'Yes,' enter the name of the foreign count							
92 Section 4947(a)(1) nonexempt charitable					1	1	
and enter the amount of tax-exempt inte					▶ 92		N/A
Part VII Analysis of Income-Produc						-	
	Unrelate	d busines	s income	Excluded by s	ection 512, 513, or 514	, a	E)
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	А	(B) mount	(C) Exclusion code	(D) Amount	Related o	or exempt income
93 Program service revenue: a APPLICATION&SITE FEES b AWARDS BANQUET							00,571. 24,191.
c CONFERENCE & WORKSHOP							84,021.
d THREE STAR GRANT		_					99,560.
							33,360.
e f Medicare/Medicaid payments							
g Fees & contracts from government agencies							
94 Membership dues and assessments.							
95 Interest on savings & temporary cash invmnts .							
96 Dividends & interest from securities.			, is considerable		4		
97 Net rental income or (loss) from real estate:			NE VIEW IN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second second	ર્ભ, હાજીવા	
a debt-financed property							
b not debt-financed property				 			
98 Net rental income or (loss) from pers prop				 		_	
99 Other investment income							
100 Gain or (loss) from sales of assets other than inventory							
101 Net income or (loss) from special events							
102 Gross profit or (loss) from sales of inventory							
103 Other revenue: a			g de digida (Anglish)				
b MISCELLANEOUS							9,338.
с							
d							
e							
104 Subtotal (add columns (B), (D), and (E))	198 - 1985 <u>- 1985 -</u>			Egypties in 100 miles			17,681.
105 Total (add line 104, columns (B), (D),					······································	3	17,681.
Note: Line 105 plus line 1e, Part I, should equ						 	
Part VIII Relationship of Activities to							
Line No. Explain how each activity for whic of the organization's exempt purpose.	h income is re oses (other th	eported in an by pro	column (E) viding funds	of Part VII contr for such purpose	ibuted importantly to thess).	e accomplis	hment
SEE STATEMENT 3							
		_					
				 			
Part IX Information Regarding Tax	<u>able Subsi</u>	<u>diaries</u>	and Disrec	garded Entition	es (See the instruc	tions.)	
(A)	(B)		(0	()	(D)	(E	E)
Name, address, and EIN of corporation,	Percentage		Nature of	activities	Total		of-year
partnership, or disregarded entity	ownership in				income	ass	sets
N/A		%					
		્ક					
		%				<u> </u>	
Control of the second		%	tale Des	ID	Cambuants (Cas III)		
Part X Information Regarding Tra							
a Did the organization, during the year, receive any fub Did the organization, during the year, pa	y premiums, (directly or	indirectly, or				X No
Note: If 'Yes' to (b), file Form 8870 and Fo	orm 4720 (see	instructio	ons).		<u> </u>		
BAA					TEEA0108L 12/27/	o7 Form	990 (2007)

:Pai	rt XI	Information Regarding Transfers To ar organization is a controlling organization				ne		
							Yes	No
106	Did 'Yes	the reporting organization make any transfers to a s,' complete the schedule below for each controlled	a controlled entity as d	efine	d in section 512(b)(13) of the C	ode? If		х
		(A) Name, address, of each controlled entity	(B) Employer Identificat Number	ion	(C) Description of transfer	Amount	(D) of trai	nsfer
a								
b 								
с							_	
		Totals						
	•						Yes	No
107	Did 'Yes	the reporting organization receive any transfers from complete the schedule below for each controlled	om a controlled entity entity	as de	efined in section 512(b)(13) of t	he Code? If		X
		(A) Name, address, of each controlled entity	(B) Employer identificati Number	ion	(C) Description of transfer	(D) Amount of transfer		nsfer
a								
b								
с								
		Totals				:	_	
108	Did ann	the organization have a binding written contract in uities described in question 107 above?	effect on August 17, 2	2006,	covering the interest, rents, rog	alties, and	Yes	No X
Plea		MAPAIEN 3	rn, including accompanying so licer) is based on all information	hedule on of w		nowledge and	belief, it	is
Sign Here)	Signature of officer RETAIN IN YOUR I	FILES		Date			
		Type or print name and title.		Date	0	Preparer's SSN General instruct	or PTIN	(See
Paid Pre-		Preparer's signature	0.007.0			Seneral Instruct		
pare Use	r's	Firm's name (or yours if self-employed), BELLENFANT & MILES, P 136 WILSON PIKE CIRCLE	.C., CPAS		EIN ► 62-1	298458		
Only address and							8700	
BAA						Forn	990	(2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f). 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

TENNESSEE QUALITY AW TN CENTER FOR PERFOR		62-1502414		
Partil Compensation of the Five Hig		ner Than Officers		d Trustees
(See instructions. List each on	e. If there are none, ente	r 'None.')		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
	-	The second second second	euro de la compansión de	
Total number of other employees paid over \$50,000				
Part II — A Compensation of the Five Hig (See instructions. List each on	hest Paid Independent C e (whether individuals or	ontractors for Pr firms). If there ar	ofessional Ser e none, enter '	vices None.')
(a) Name and address of each independent contra	(b) Type o	of service	(c) Compensation	
NONE				
		_		
		-		
Total number of others receiving over \$50,000 for professional services				
Part II — B Compensation of the Five Hig (List each contractor who performs. If there are none, enter	rmed services other than	ontractors for Ot professional ser	her Services vices, whether	individuals or
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type o	of service	(c) Compensation
NONE				
Total number of other contractors receiving	(

Pai	Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	or incurred in connection with the lobbying activities > N/A			
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.).	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		1.5	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
ä	a Sale, exchange, or leasing of property?	2a		х
ł	Lending of money or other extension of credit?	2 b		X
(Furnishing of goods, services, or facilities?	2c		Х
(d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		<u>x</u>
	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		Х
1	Did the organization have a section 403(b) annuity plan for its employees?	3ь		Х
(to Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		x
(d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		х
4:	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		Х
!	b Did the organization make any taxable distributions under section 4965?	4b	N	/A
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N	(A_
(d Enter the total number of donor advised funds owned at the end of the tax year			N/A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
f	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
•	gEnter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year >			0.
BAA	TEEA0402L 12/27/07 Schedule A (Form 990 or F	orm 99	90-EZ	2007

TENNESSEE QUALITY AWARD, INC. D/B/A

62-1502414

Page 2

Schedule A (Form 990 or 990-EZ) 2007

Part	v Reason for Non-	Private F	oundation Status (see instructions.)						
certify	that the organization is not	t a private fo	oundation because it is:	(Please check only ONE ap	oplicable box	(.)				
5	A church, convention of c	churches, or	association of churches	. Section 170(b)(1)(A)(i).						
6	A school. Section 170(b)	(1)(A)(ii). (A	Also complete Part V.)							
7	7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).									
8	A federal, state, or local	government	or governmental unit. S	ection 170(b)(1)(A)(v).						
9 [A medical research organ		rated in conjunction with	a hospital. Section 170(b)	(1)(A)(iii). E	nter the hosp	ital's name, city, 			
10	An organization operated (Also complete the Supplemental Complete C	for the ben ort Schedul	efit of a college or unive e in Part IV-A.)	rsity owned or operated by	a governme	ntal unit. Sec	tion 170(b)(1)(A)(iv).			
11 a 🛚	An organization that norm Section 170(b)(1)(A)(vi).	nally receive (Also compl	es a substantial part of it lete the Support Schedu	s support from a governme le in Part IV-A.)	ental unit or	from the gene	eral public.			
11 Ь [A community trust. Section	on 170(b)(1)	(A)(vi). (Also complete t	he Support Schedule in Pa	art IV-A.)					
12	from activities related to i	its charitable	e. etc. functions – subie	6 of its support from contri ct to certain exceptions, ar e income (less section 511 o complete the Support Sc	nd (2) no mo	re than 33-1/3	3% of its support			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:									
	Туре І Ту	pe II	Type III-Function	nally Integrated	Type III	-Other				
	P	rovide the f	ollowing information ab	out the supported organiz	ations. (See	instructions.)				
	(a)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support			
			_		Yes	No				
										
Total		· · · · · · · · · · · · · · · · · · ·					0.			
14	An organization organized	d and opera	ited to test for public safe	ety. Section 509(a)(4). (Sec	e instruction:	s.)				
BAA				, :			990 or 990-EZ) 2007			

Part: IV-A . Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in	n the instructions for col	nverting from the acci	ual to the cash metho	od of accounting.	
Calendar year (or fiscal year beginning in).	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contribution received. (Do not include unusual grants. See line 28.).	s 153,000.	134,375.	265,669.	122,378.	675,422.
16 Membership fees received		,			0.
17 Gross receipts from admissions, merchandise sold or services perform or furnishing of facilities in any activit that is related to the organization's charitable, etc, purpose.	ed, y	148,207.	131,717.	180,344.	671,939.
18 Gross income from interest, dividends amts rec'd from payments on securitie loans (sec. 512(a)(5)), rents, royalties income from similar sources, and unrelated business taxable income (lesec. 511 taxes) from businesses acquiby the organization after June 30, 1975	ss ss red				0.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a government unit without charge. Do not include the value of services of facilities generally furnished to the public without charge	al or				0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE. STMT.	7,680.	5,400.	2,243.	3,494.	18,817.
23 Total of lines 15 through 22			399,629.	306,216.	1,366,178.
24 Line 23 minus line 17			267,912.	125,872.	694,239.
· · · · · · · · · · · · · · · · · · ·		2,880.	3,996.	3,062.	054,235.
25 Enter 1% of line 23					
26 Organizations described on li b Prepare a list for your records to show supported organization) whose total gi return. Enter the total of all these exc	the name of and amount cont fts for 2003 through 2006 exce	ributed by each person (otheded the amount shown in l	ine 26a. Do not file this lis	t or publicly t with your	13,885.
c Total support for section 509(a					694,239.
d Add: Amounts from column (e) for lines: 18	(-)	19		
,	22	18,817.	19 26 b	26 d	18,817.
e Public support (line 26c minus	line 26d total)	-		▶ 26e	675,422.
f Public support percentage (li	ne 26e (numerator) divi	ded by line 26c (deno	minator))	► 26f	97.29 %
27 Organizations described on li a For amounts included in lines name of, and total amounts re such amounts for each year: (2006)	ne 12: N/A 15, 16, and 17 that were eceived in each year from	e received from a 'dis n, each 'disqualified p	qualified person,' prep person.' Do not file th	pare a list for your re is list with your retur	cords to show the rn. Enter the sum of
bFor any amount included in lir to show the name of, and amount \$5,000. (Include in the list org After computing the difference differences (the excess amoun (2006) c Add: Amounts from column (e 17 d Add: Line 27a total	ne 17 that was received bunt received for each you anizations described in between the amount rents) for each year:	from each person (oth ear, that was more that lines 5 through 11b, a ceived and the larger	ner than 'disqualified pan the larger of (1) the same well as individuals.', amount described in	persons'), prepare a le amount on line 25 b Do not file this list (1) or (2), enter the s	list for your records for the year or (2) with your return. sum of these
c Add: Amounts from column (e) for lines: 15	<u> </u>	16		
17	20		21	27 c	
d Add: Line 27a total	aı	nd line 27b total		27 d	
e Public support (line 27c total r	ninus line 27d total)			► 27 e	
f Total support for section 509(a	a)(2) test: Enter amount	from line 23, column	(e) ► 27f		
g Public support percentage (li	ne 27e (numerator) divid	ded by line 27f (deno:	minator))		<u></u> %
h Investment income percentag	e (line 18. column (e) (r	numerator) divided by	line 27f (denominato	(1))	3
20 Harranal Constant Con an account	:	10 11 a. 10 that was			0000

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Par	t V Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
	(To be completed ONLT by schools that checked the box on the onit Partity)	N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			学
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	há.	*****
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
(Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	+ 13		
33	Does the organization discriminate by race in any way with respect to:			
ā	a Students' rights or privileges?	33 a		
ŀ	Admissions policies?	33 b		
C	Employment of faculty or administrative staff?	33 c		
C	Scholarships or other financial assistance?	33 d		
e	Educational policies?	33 e		
f	Use of facilities?	33 f		
ç	Athletic programs?	33 g	_	
ŀ	n Other extracurricular activities?	33 h	SE(X)(n)	200 J
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
b	Has the organization's right to such aid ever been revoked or suspended?	34 b	TENE	1971.03.
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		
BAA			0-EZ)	2007

Schedule A (Form 990 or 990-EZ) 2007 TENNESSEE QUALITY AWARD, INC. D/B/A 62-1502414 Page 6 Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A if the organization belongs to an affiliated group. Check ► b | if you checked 'a' and 'limited control' provisions apply. Check ► (a) Affiliated group (b) Limits on Lobbying Expenditures To be completed totals for all electing (The term 'expenditures' means amounts paid or incurred.) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 36 Total lobbying expenditures to influence a legislative body (direct lobbying)... 37 Total lobbying expenditures (add lines 36 and 37) 38 39 39 Other exempt purpose expenditures Total exempt purpose expenditures (add lines 38 and 39)..... 40 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -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 41 Over \$17,000,000 \$1,000,000 ž. 42 Grassroots nontaxable amount (enter 25% of line 41)..... 42 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38...... 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election co not have to complete all of the five columns below. See the instructions for lines 45 through 50.) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year 2007 2006 2005 2004 Total beginning in) 🟲 Lobbying nontaxable amount. Lobbying ceiling amount 20.0 (150% of line 45(e)). Total lobbying expenditures. Grassroots nontaxable amount. 49 Grassroots ceiling amount (150% of line 48(e)). Grassroots lobbying expenditures. Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any Yes No **Amount** attempt to influence public opinion on a legislative matter or referendum, through the use of: b Paid staff or management (Include compensation in expenses reported on lines c through h.). c Media advertisements..... 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 other means...... i Total lobbying expenditures (add lines c through h.) If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule A (Form 990 or 990-EZ) 2007 TENNESSEE QUALITY AWARD, INC. D/B/A 62-1502414 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

or the	Code (other than section	1 201(C)(3) (organizations) or in section 527, rei	iting to political organizations?			
a Trans	fers from the reporting o	rganization t	to a noncharitable exempt organizat	ion of:		Yes	No
(i)C	ash				51 a (i)		Χ
(ii)O	ther assets				a (ii)		X
b Other	transactions:						
(i)S	ales or exchanges of ass	ets with a n	oncharitable exempt organization		b (i)		Χ
(ii)P	urchases of assets from	a noncharita	able exempt organization		b (ii)		X
(iii)R	ental of facilities, equipm	ent, or othe	r assets	• • • • • • • • • • • • • • • • • • • •	b (iii)		Х
(iv)R	eimbursement arrangeme	ents			b (iv)		X
							Х
							Х
				· · · · · · · · · · · · · · · · · · ·			Х
d If the	answer to any of the abo	ve is 'Yes,' vices given	complete the following schedule. Co by the reporting organization. If the	olumn (b) should always show the fair n organization received less than fair ma noods, other assets, or services receive	narket value	ie of	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			ts
				23037,91377 07 (1310) 330, (1310) 330, (1310)		-gomicii	
N/A							
	·			ļ,		_	
					-		
				-			
				·			
							
	organization directly or in the directly or in the directly of the directly of the directly of the directly of the directly or in the directly of the directly		iliated with, or related to, one or mother than section 501(c)(3)) or in se	re tax-exempt organizations	► Ye	s X	No
D 11 10.	(a)	Schodolo:	(b)	(c)			-
	Name of organization		Type of organization	Description of relation	nship		
N/A							
., .,	<u> </u>						
•							
	· · · · · · · · · · · · · · · · · · ·	_				-	
		-	-				
•							
·							
	 						
							
				 			
				!			

2007

FEDERAL STATEMENTS

PAGE 1

CLIENT TCPE

TENNESSEE QUALITY AWARD, INC. D/B/A
TN CENTER FOR PERFORMANCE EXCELLENCE

62-1502414

8/12/08

04:04PM

STATEMENT 1 FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TENNESSEE QUALITY AWARDS, INC. ("TQA") IS A TENNESSEE NOT-FOR-PROFIT CORPORATION ESTABLISHED IN 1993 TO PROMOTE AND ACCELERATE THE ECONOMIC WELL BEING OF THE STATE OF TENNESSEE BY FOSTERING QUALITY AWARENESS AND EDUCATION, RECOGNIZING SIGNIFICANT ACHIEVEMENTS, AND SHARING WINNING STRATEGIES AND BEST PRACTICES AMONG ALL COMPANIES AND ORGANIZATIONS. TQA WORKS IN TANDEM WITH PUBLIC AND PRIVATE ORGANIZATIONS TO ACHIEVE PERFORMANCE EXCELLENCE.

STATEMENT 2 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY			BASIS		ACCUM. DEPREC.		BOOK VALUE
MACHINERY AND EQUIPMENT	TOTAL	\$ \$	26,728. 26,728.	\$ \$	23,535. 23,535.	\$ \$	3,193. 3,193.

STATEMENT 3 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	FEES RECEIVED FROM PROVIDING PROGRAM SERVICES TO TENNESSEE ORGANIZATIONS (FOR-PROFIT AND NON-PROFIT).
93C	CONFERENCE AND WORKSHOPS TO HELP TENNESSEE ORGANIZATIONS ACHIEVE ORGANIZATIONAL EXCELLENCE BY FOSTERING QUALITY AWARENESS, EDUCATION, AND SHARING WINNING STRATEGIES AND BEST PRACTICES AMONG ALL COMPANIES AND ORGANIZATIONS.
93B	BANQUET TO HELP TENNESSEE ORGANIZATIONS SUCCEED BY RECOGNIZING SIGNIFICANT ACHIEVEMENTS.
103B	TRAINING CLASSES & OTHER INCOME PROVIDED TO ACHIEVE PERFORMANCE EXCELLENCE.
93D	THREE STAR GRANT REVENUES ALLOW THE ORGANIZATION TO ASSIST LOCAL COMMUNITIES IN THEIR EFFORTS TO ACHIEVE EXCELLENCE IN COMMUNITY AND ECONOMIC DEVELOPMENT.

2007

FEDERAL STATEMENTS

PAGE 2

CLIENT TCPE

TENNESSEE QUALITY AWARD, INC. D/B/A
TN CENTER FOR PERFORMANCE EXCELLENCE

62-1502414

8/12/08

04:04PM

STATEMENT 4 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		(P	A) 2006	<u>(E</u>	3) 2005	_(C	2004	(D	2003	<u>(E</u>	D) TOTAL
OTHER		\$	7,680.	\$	5,400.	\$	2,243.	\$	3,494.	\$	18,817.
	TOTAL	\$	7,680.	\$	5,400.	\$	2,243.	\$	3,494.	\$	18,817.