

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection**A For the 2008 calendar year, or tax year beginning , 2008, and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
TENNESSEE QUALITY AWARD, INC. D/B/A
TN CENTER FOR PERFORMANCE EXCELLENCE
2525 PERIMETER PLACE DRIVE #122
NASHVILLE, TN 37214**D** Employer identification number

62-1502414

E Telephone number

(615) 889-8323

F Group Exemption Number▶ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ▶ WWW.TNCPE.ORG**J** Organization type (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 566,184.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	157,745.
	2	Program service revenue including government fees and contracts	2	395,953.
	3	Membership dues and assessments	3	
	4	Investment income	4	6,488.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	b Less: direct expenses other than fundraising expenses	6b		
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	7a Gross sales of inventory, less returns and allowances	7a		
7b	b Less: cost of goods sold	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	8 Other revenue (describe ▶ SEE STATEMENT 1)	8	5,998.	
9	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	566,184.	
EXPENSES	10	10 Grants and similar amounts paid (attach schedule)	10	
	11	11 Benefits paid to or for members	11	
	12	12 Salaries, other compensation, and employee benefits	12	300,438.
	13	13 Professional fees and other payments to independent contractors	13	4,877.
	14	14 Occupancy, rent, utilities, and maintenance	14	
	15	15 Printing, publications, postage, and shipping	15	32,278.
	16	16 Other expenses (describe ▶ SEE STATEMENT 2)	16	182,466.
17	17 Total expenses (add lines 10 through 16)	17	520,059.	
ASSETS	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	46,125.
	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	225,072.
	20	20 Other changes in net assets or fund balances (attach explanation)	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	271,197.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	234,539.	22 292,786.
23 Land and buildings		23
24 Other assets (describe ▶ SEE STATEMENT 3)	71,782.	24 47,634.
25 Total assets	306,321.	25 340,420.
26 Total liabilities (describe ▶ SEE STATEMENT 4)	81,249.	26 69,223.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	225,072.	27 271,197.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 SEE ATTACHED STATEMENT 1

28 a

29

29 a

30

30 a

31 Other program services (attach schedule)

31 a

32 **Total program service expenses** (add lines 28a through 31a).

32

(a) Name and address

(a) Name of the individual	(b) Title and average hours per week devoted to position	(c) Organization	(d) Address	(e) Telephone
1. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
2. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
3. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
4. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
5. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
6. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
7. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
8. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
9. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
10. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
11. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
12. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
13. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
14. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
15. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
16. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
17. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
18. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
19. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
20. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
21. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
22. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
23. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
24. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
25. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
26. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]
27. [Name]	[Title and hours]			

(c) Compensation (If not paid, enter -0-) |

(d) Contributions to employee benefit plans and

(e) Expense account and other allowances

KATHRYN S. RAWLS
2525 PERIMETER PLACE
NASHVILLE, TN 37214

PRESIDENT & CEO	50.00
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114,431

13,805..

0.2

PLEASE SEE ATTACHED LISTING

C

0.

0..

0..

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The books are in care of ▶ KATHRYN S. RAWLS Telephone no ▶ (615) 889-8323
 Located at ▶ 2525 PERIMETER PLACE, SUITE 122 NASHVILLE TN ZIP + 4 ▶ 37214

	Yes	No
b 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)? If 'Yes' enter the name of the foreign country: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** ☐ N/A
N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 6**46** 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

	Yes	No
46		X
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(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				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's Identifying Number (See instructions)

P00285790

Firm's name (or yours if self-employed), address and ZIP + 4
BELLENFANT & MILES, PLLC
136 WILSON PIKE CIRCLE
BRENTWOOD, TN 37027

EIN 27-0187314

Phone no. (615) 370-8700

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **TENNESSEE QUALITY AWARD, INC. D/B/A
TN CENTER FOR PERFORMANCE EXCELLENCE**

Employer identification number
62-1502414

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III – Functionally integrated
 - d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? ☐

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	265,669.	134,375.	153,000.	163,425.	157,745.	874,214.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-3	265,669.	134,375.	153,000.	163,425.	157,745.	874,214.
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						874,214.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	265,669.	134,375.	153,000.	163,425.	157,745.	874,214.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					6,488.	6,488.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	2,243.	5,400.	7,680.	9,338.	5,998.	30,659.
11 Total support. Add lines 7 through 10						911,361.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	95.9 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	97.3 %

16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒**b 33-1/3 support test — 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**17a 10%-facts-and-circumstances test — 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐**b 10%-facts-and-circumstances test — 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade 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						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add line 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

2008

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT TCPE

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

62-1502414

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
OTHER	5,998.	9,338.	7,680.	5,400.	2,243.
TOTAL	<u>\$ 5,998.</u>	<u>\$ 9,338.</u>	<u>\$ 7,680.</u>	<u>\$ 5,400.</u>	<u>\$ 2,243.</u>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, 990-EZ and 990-PF**
► **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization **TENNESSEE QUALITY AWARD, INC. D/B/A**
TN CENTER FOR PERFORMANCE EXCELLENCE

Employer identification number
62-1502414

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990 PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule —

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

TENNESSEE QUALITY AWARD, INC. D/B/A

62-1502414

Part I Contributors (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WELLMONT HEALTH SYSTEM 1905 AMERICAN WAY KINGSPORT, TN 37660	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	CATERPILLAR FINANCIAL SERVICES 2120 WEST END AVENUE NASHVILLE, TN 37203	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	MOUNTAIN STATES HEALTH ALLIANCE 400 N. STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	COVENANT HEALTH SYSTEMS 280 FORT SANDERS BLVD STE 218 KNOXVILLE, TN 37922	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	PAL'S SUDDEN SERVICE 327 REVERE STREET KINGSPORT, TN 37660	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	TENNESSEE VALLEY AUTHORITY 26 CENTURY BLVD OCP 1F NASHVILLE, TN 37214	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

TENNESSEE QUALITY AWARD, INC. D/B/A

62-1502414

Part I Contributors (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CUMMINS, INC 500 JACKSON ST. MC 60921 COLUMBUS, IN 47201	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8	CUMMINS FILTRATION PO BOX 6001 COOKEVILLE, TN 38502	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9	BRISTOL TN ESSENTIAL SERVICES PO BOX 549 BRISTOL, TN 37621	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10	METHODIST LE BONHEUR HEALTHCARE 1211 UNION AVE., STE 600 MEMPHIS, TN 38104	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11	CIGNA GOVERNMENT SERVICES 2 VANTAGE WAY NASHVILLE, TN 37228	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
12	SUMNER REGIONAL HEALTH SYSTEMS 255 AIRPORT RD GALLATIN, TN 37066	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

TENNESSEE QUALITY AWARD, INC. D/B/A

Employer identification number

62-1502414

Part II Noncash Property (see instructions)

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

BAA

Employer identification number

62-1502414

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once — see instructions.) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

2008

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CLIENT TCPE

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

62-1502414

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS	\$	5,998.
TOTAL		\$	<u>5,998.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADMINISTRATIVE FEES.....		\$	15,022.
BOARD OF EXAMINER SELECTION.....			24,932.
CONFERENCES, CONVENTIONS, AND MEETINGS			44,129.
DEPRECIATION			1,913.
MARKETING.....			4,093.
NON-PERSONNEL GRANT EXPENSES			9,918.
OFFICE EXPENSES			15,748.
OTHER.....			6,410.
RECOGNITION & BANQUET			39,916.
TELEPHONE			3,364.
TRAVEL			17,021.
TOTAL		\$	<u>182,466.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE.....	\$ 22,789.	\$ 10,522.
MACHINERY AND EQUIPMENT.....	3,193.	1,280.
PLEDGES AND GRANTS RECEIVABLE	45,800.	35,832.
TOTAL	<u>\$ 71,782.</u>	<u>\$ 47,634.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 30,809.	\$ 38,714.
DEFERRED REVENUE	50,440.	30,509.
TOTAL	<u>\$ 81,249.</u>	<u>\$ 69,223.</u>

2008

FEDERAL STATEMENTS

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CLIENT TCPE

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

62-1502414

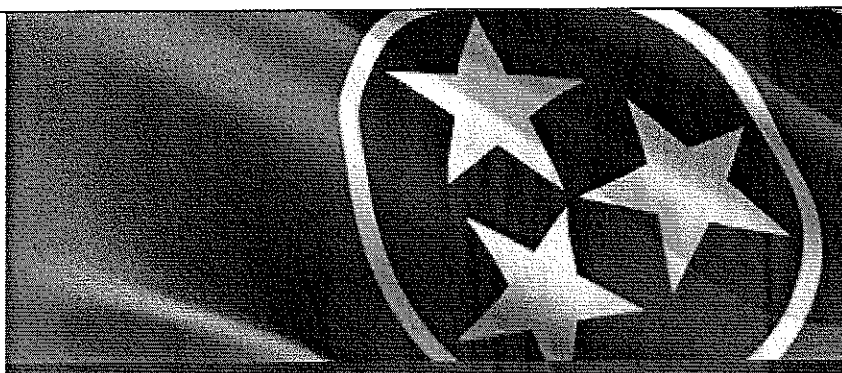
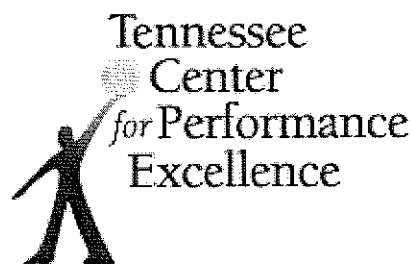
STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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 6
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO



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Board of Directors

Responsible for governance and funding, the Board of Directors provides the (c)(3) non-profit corporation, strategic direction by developing policy and means to ensure the sustainability of the organization. The board is composed of leaders from all sectors of Tennessee's economy.

Officers

Dennis Vonderfecht, Chair
Joe Alexander, Vice Chair
Jim Duensing, Treasurer
Dr. Mary Jinks, Secretary
Melanie Hendricks, Past Chair
Katie Rawls, TNCPE President & CEO (Ex Officio)

Board

Dr. Lyle Ailshie
 Director of Greeneville City Schools
 Greeneville

Dr. Joe Alexander
 Associate Dean of Belmont University's
 Massey School of Business
 Nashville

Dr. Robert R. Bell
 President of Tennessee Technological
 University
 Cookeville

Kenneth Breeden
 Executive Vice President, Customer
 Resources, for the Tennessee Valley
 Authority
 Nashville

Dr. Linda Garceau
 Dean, East Tennessee State
 College of Business and
 Johnson City

Melanie Hendricks
 Executive Director - Global
 Cummins Filtration (retired)
 Nashville

Dr. Mary Jinks
 Vice President of the Univ
 Tennessee Institute for Pu
 Knoxville

Commissioner Matthew
 Tennessee Department of
 Community Development
 Nashville

Dr. Michael Browder

CEO of Bristol Tennessee Essential Services
Bristol

Kevin Carter

Brown Bottling Group Inc
Ridgeland, Miss.

Dr. Kevin B. Churchwell

CEO and Executive Director of the Monroe
Carrell Jr. Children's Hospital at Vanderbilt
Nashville

Thom Crosby

President and CEO of Pal's Sudden Service
Kingsport

Jim Duensing

Executive Vice President and CFO for
Caterpillar Financial Services
Nashville

Lewis Lavine

President of the Center for
Management
Nashville

Dr. Jerry C. Mallot

Senior Vice President and
Officer for Methodist LeBor
Memphis

Dr. Julie Morath

Chief Quality and Patient S
Vanderbilt University Medi

Dennis Vonderfecht

President and CEO of Mo
Health Alliance
Johnson City

Greg York

Director of Operations
Marvin Windows and Door
Ripley

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