RECEIVED MAY 1 7 2007

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 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the 20	06 calendar year, or tax year beginning	and en	ning		
	heck if	Please C Name of organization			D Employer	identification number
- ap	opiicabie: ¬Address	use IRS			21 1	
느	_change 1Name	print or COTTAGE COVE COMPANY				L485047
	change Ilnitial	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite		e number - 292 – 2 303
늗	return Final	Specific 630 BENTON AVENUE				nethod: X Cash Accrual
늗	Jreturn Amended	tions. City or town, state or country, and ZIP + 4			Other (specif	
누	_ireturn Applicati	MASUATTIR, TM 2120#	nonevemnt charitable truets	ll and law not ann		ection 527 organizations.
ь_	pending	must attach a completed Schedule A (Form 990	or 990-EZ).	H(a) Is this a group r		
• •		·	·	H(b) If "Yes," enter nu		
		\rightarrow N/A ion type (check only one) \rightarrow X 501(c) (3) \rightarrow (insert	no.) 4947(a)(1) or 527	H(c) Are all affiliates		N/A Yes No
				(If "No," attach a	ı list.)	
		re \(\sum_\) if the organization is not a 509(a)(3) support re normally not more than \$25,000. A return is not requi		H(d) is this a separat ganization cove	te return filed red by a grou	I by an or- up ruling? Yes X No
	-	o file a return, be sure to file a complete return.	ed, but it the organization	I Group Exemption		
						zation is not required to attach
1 6	eross rec	eipts: Add lines 6b, 8b, 9b, and 10b to line 12	192,939.	Sch. B (Form 9		
		Revenue, Expenses, and Changes in N				
	1	Contributions, gifts, grants, and similar amounts receive				T T
	'a		1a			
				145,8	83.	
	c	Direct public support (not included on line 1a) Indirect public support (not included on line 1a) Government contributions (grants) (not included on line Total (add lines 1a through 1d) (cash \$	- COPT	22370		
	d	Government contributions (grants) (not included on line	1a) (ER'S) 1d			
	e	Total (add lines 1a through 1d) (cash \$. 14	19183 noncash \$) 1e	145,883.
	2	Program service revenue including government fees an	contracts (from Part VII, line 93)			
	3	Membership dues and assessments				
	4	Interest on savings and temporary cash investments				
	5	Dividends and interest from securities				
	6 a	Gross rents				
	ь	Less: rental expenses				
œ.	c	Net rental income or (loss). Subtract line 6b from line 6			60	
evenue	7	Other investment income (describe) 7	
9.6	8 a	Gross amount from sales of assets other	(A) Securities	(B) Other		
Œ	1	than inventory	8a			
	b	Less: cost or other basis and sales expenses	8b			
	C	Gain or (loss) (attach schedule)	8c			Į
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		80	1
	9	Special events and activities (attach schedule). If any ar		> 🗆	1	
	a		contributions reported on line 1b) 9a	47,0		
	b	Less: direct expenses other than fundraising expenses			772.	
	C	Net income or (loss) from special events. Subtract line		STATEMENT	1 90	39,284.
	10 a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold		L		
	C	Gross profit or (loss) from sales of inventory (attach so				
	11	Other revenue (from Part VII, line 103)				
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10				
9	13	Program services (from line 44, column (B))		•••••		
186	14	Management and general (from line 44, column (C))				
Expenses	15	Fundraising (from line 44, column (D))				
யி	16	Payments to affiliates (attach schedule)				
	17	Total expenses. Add lines 16 and 44, column (A)	- 10	-		
ø	18	Excess or (deficit) for the year. Subtract line 17 from lin				
Net Assets	19	Net assets or fund balances at beginning of year (from	me /3, column (A))			
Ā		Other changes in net assets or fund balances (attach ex	40 40 400			
6230	21	Net assets or fund balances at end of year. Combine lin	es 16, 19, and 20		2	1 164,683.

Form 990 (2006) COTTAGE COVE COMPANY Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) 0 _ noncash \$_ If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) 0 . noncash \$ If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key 33,530 8,941 2,235. 44,706 employees, etc. listed in Part V-A STMT 2 25a b Compensation of former officers, directors, key 0 0. employees, etc. listed in Part V-B 0 0 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) |25c 26 Salaries and wages of employees not 298. 21,469 included on lines 25a, b, and c 21,767. 26 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 1,314 1,314 28 25a - 27 185. 4.902. 4,070 647 29 Payroll taxes _____ 29 30 Professional fundraising fees _____ 30 31 31 Accounting fees 32 32 Legal fees 2,323. 2,132 82 109. 33 33 Supplies 381. 3,810. 2,667. 762. 34 34 Telephone 3,289 1,086 789. 414. 35 Postage and shipping 35 350. 16,602 524 36 Occupancy 17,476. 36 37 4,536. 2,949 680 907. Equipment rental and maintenance 37 1,204 204. Printing and publications 2.408. 38 38 6,161 6,161 39 Travel 1,584 1,584 40 Conferences, conventions, and meetings ... 40 41 Interest 41 13,013 411 274. 13,698 42 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 670 670 a BANK FEES 43a 285 285 **bLICENSE & PERMITS** 43b 185 185. c MEMBERSHIP DUES 43c

•	MISCELLANEOUS EXPENSES	43d		928.			928.		
•	CHILDREN'S PROGRAMING	43e	8	,006.	8	006.			
ſ	TEMPORARY HELP	43f	3	,644.	3	571.	0.		73.
1]	43g							
44	Total functional expenses. Add lines 22a through								
	43g. (Organizations completing columns (B)-(D),		1						
	carry these totals to lines 13-15)	44	141	,692.	116	460.	17,802.	7	,430.
Jo	oint Costs. Check Dif you are following	SOF	98-2.						
	e any joint costs from a combined educational campai			licitation re	eported in (B) Pro	gram serv	rices? ►	Yes X I	lo
If "	Yes," enter (i) the aggregate amount of these joint co	sts \$	N/A	;	(ii) the amount a	llocated to	Program services \$	N/A	_;
) the amount allocated to Management and general \$		N/A	; and	(iv) the amount a	allocated t	o Fundraising \$	N/A	
623	011 23-07							Form 99	90 (2006)
٠.	2007								

51-1485047

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ► <u>SEE STATEMENT</u> 3	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	EACH CHILD IS REQUIRED TO DO THEIR HOMEWORK WITH THE HELP OF TUTORS BEFORE TAKING PART IN AN "ARTS" CLASSES. WE HAVE 50-65 CHILDREN. THERE IS NO COST TO THE CHILDREN OR FAMILY. THE CHILDREN ARE REWARDED WITH FIELD TRIPS.	·
b	Grants and allocations \$) If this amount includes foreign grants, check here THE CHILDREN PICK FROM A LARGE VARIETY OF "ARTS" CLASSES. GYMNASTICS, PIANO, PERCUSSION, COOKING, SPORTS, PAINTING, DRAWING, PHOTOGRAPHY, ETC. THERE IS ALSO A GENERAL STORE WHERE THE CHILDREN SPEND POINTS THEY EARN.	34,938.
c	(Grants and allocations \$) If this amount includes foreign grants, check here ► □ CHARACTER CLASSES ARE CONDUCTED WHERE THE CHILDREN LEARN GODLY CHARACTER TRAITS. THINGS LIKE RESPECT, GOOD COMMUNICATION SKILLS, HOW TO RESPOND TO AUTHORITY AND HOW TO RESOLVE DISAGREEMENTS.	69,876.
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	11,646.
e	(Grants and allocations \$) If this amount includes foreign grants, check here Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	116,460.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. 45	(A) Beginning of year 24,857.	45 46 47c 48c 49	(B) End of year 51,963.
should be for end-of-year amounts only. 45	Beginning of year 24,857	46 47c 48c	End of year
46 Savings and temporary cash investments 47 a Accounts receivable b Less: allowance for doubtful accounts 48 a Pledges receivable b Less: allowance for doubtful accounts 48 description of the second of the se		46 47c 48c	51,963.
46 Savings and temporary cash investments 47 a Accounts receivable b Less: allowance for doubtful accounts 48 a Pledges receivable b Less: allowance for doubtful accounts 48 description of the second of the se		46 47c 48c	31,903.
47 a Accounts receivable b Less: allowance for doubtful accounts 47b 48 a Pledges receivable b Less: allowance for doubtful accounts 48a b Less: allowance for doubtful accounts 48b 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and		47c	
b Less: allowance for doubtful accounts 47b 48 a Pledges receivable b Less: allowance for doubtful accounts 48b 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and		48c	
b Less: allowance for doubtful accounts 47b 48 a Pledges receivable b Less: allowance for doubtful accounts 48b 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and		48c	
48 a Pledges receivable b Less: allowance for doubtful accounts 48b 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and		48c	
b Less: allowance for doubtful accounts 48b 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and			
b Less: allowance for doubtful accounts 48b 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and			
49 Grants receivable			
50 a Receivables from current and former officers, directors, trustees, and		13	
I kou employees		50a	
key employees b Receivables from other disqualified persons (as defined under section	Į.	308	
1050(n/4)		50b	
4958(f)(1)) and persons described in section 4958(c)(3)(B) 51 a Other notes and loans receivable 51a		1000	
b Less: allowance for doubtful accounts 51b	†	51c	
52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges		53	
54 a Investments - publicly-traded securities Cost FMV		54a	
b Investments - other securities Cost FMV		54b	
55 a Investments land, buildings, and			
equipment: basis		1 1	
equipment success	1	1 1	
b Less: accumulated depreciation 55b		55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis 57a 221, 101	•		
b Less: accumulated depreciation STMT 4 57b 108, 381		. 57c	112,720.
58 Other assets, including program-related investments			
(describe >)	58	
59 Total assets (must equal line 74). Add lines 45 through 58	121,208	. 59	164,683.
60 Accounts payable and accrued expenses		60	
61 Grants payable		61	
62 Deferred revenue		62	
63 Loans from officers, directors, trustees, and key employees		63	
63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 6 b Mortgages and other notes payable	F.	64a	
		64b	
65 Other liabilities (describe ►)	65	
			_0.
66 Total liabilities. Add lines 60 through 65	0	. 66	
Organizations that follow SFAS 117, check here ▶ ☐ and complete lines			
67 through 69 and lines 73 and 74.		67	
67 Unrestricted	l .	68	
68 Temporarily restricted	}	69	
© 69 Permanently restricted Corganizations that do not follow SFAS 117, check here ► X and		103	
complete lines 70 through 74.		1	
70 Capital stock, trust principal, or current funds	24,857	. 70	51,963.
67 Unrestricted 68 Temporarily restricted 69 Permanently restricted Corganizations that do not follow SFAS 117, check here ■ ▼ and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72.			112,720.
72 Retained earnings, endowment, accumulated income, or other funds		. 72	0.
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72.			
(Column (A) must equal line 19 and column (B) must equal line 21)	121,208	. 73	164,683.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		. 74	164,683.

Pa		Reconciliation of Revenue per Audited Finar instructions.)	ncial Statements Wi	th Revenue pe	r Re	turn	(See	the
a		ue, gains, and other support per audited financial statemer	nte			a		N/A
a b		icluded on line a but not on Part I, line 12:						
_		•	b	1	l			
		zed gains on investmentservices and use of facilities						
_	Donated Se	ervices and use of facilities		2		1		
3		of prior year grants	1.	4		1 1		
4	Other (spe				•	ь		
	=	of through b4			ľ			
C		ne b from line a	••••••		••••	-		
đ		nctuded on Part I, line 12, but not on line a:	1.	ام		1		
		t expenses not included on Part I, line 6b	<u> 0</u>			1 1		
2	Other (spe	•		21				
		i1 and d2				d		
e	Total reve	nue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Audited Fina	noial Statemente M	lith Evnances	205	e I		
	t					Tetu	111	N/A
a	•	nses and losses per audited financial statements		• • • • • • • • • • • • • • • • • • • •		a		N/A
0		ncluded on line a but not on Part I, line 17:	١,	11		1		
1		ervices and use of facilities				1		
2	Prior year	adjustments reported on Part I, line 20	<u> </u>	12		1		
3		ported on Part I, line 20	_			1 1		
4	• • •		L	04		1 1		
		b1 through b4				b		
C	Subtract li	ne b from line a				C		
d	Amounts i	ncluded on Part I, line 17, but not on line a:	1	1		l i		
1	investmen	t expenses not included on Part I, line 6b		11		∤ 		
2	Other (spe	ecify):		12		1		
	Add lines	d1 and d2				d		
		enses (Part I, line 17). Add lines c and d				e		
Pa		Current Officers, Directors, Trustees, and Ke			an o	fficer,	direc	tor, trustee,
		or key employee at any time during the year even if they we			(D) a		1	/F) F:======
		(A) Name and address	(B) Title and average hours per week devoted to position	(If not paid, enter -0)	empl	ontribution loyee be s & defe ensation	enetit	(E) Expense account and other allowances
BF	ENT MA	ACDONALD	PRESIDENT				l	
63	0 BENT	ON AVE.						
N/	SHVILI	LE, TN 37204	40.00	44,706.			0.	0.
	SITH CH		VICE-PRESIDE	AL.				
		ON AVE.						
		LE, TN 37204	1.00	0.			0.	0.
		CHUMPERT	TREASURER					
		ron ave.		İ				
NZ	SHVII	LE, TN 37204	1.00	0.	Ì		0.	0.
		LACK	SECRETARY					
		TON AVE.						
NT7	CUNTI	LE, TN 37204	20.00	0.			0.	0.
TAT			20.00	† `				<u> </u>
	-			1	1			
			 	+	 			
			 	<u> </u>	 			
_								

	990 (200		_ <u>_</u>		<u> 51-1485</u>	047	P	age 6
	t V-A	Current Officers, Directors, Trustees, and Ke		_ ·			Yes	No
75 a		e total number of officers, directors, and trustees permitted to		siness at board	12			
	meeting	s		>	13			
þ		officers, directors, trustees, or key employees listed in Form						
		Schedule A, Part I, or highest compensated professional and or II-B, related to each other through family or business related						
		viduals and explains the relationship(s)	ionships: ii res, attach	a statement that k	zenunes	75b		X
_		officers, directors, trustees, or key employees listed in Form 9	YOU Dort V.A. or highost or	mnonated ampl				
C		omcers, directors, trustees, or key employees listed in Form s Schedule A, Part I, or highest compensated professional and				,		
	Part II-A	or II-B, receive compensation from any other organizations,	whether tax exempt or tax					
	organiza	ation? See the instructions for the definition of "related organ	ization."			75c		X
		attach a statement that includes the information described in	n the instructions.			 	-	
	Does th	e organization have a written conflict of interest policy? Former Officers, Directors, Trustees, and Ke	v Employees That B	eceived Com	nensation (75d	her	
Pai	K 4-D	Benefits (If any former officer, director, trustee, or key em	plovee received compens	ation or other ben	efits (describe	d bek	ow) du	ring
		the year, list that person below and enter the amount of cor						
		(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions employee benef		E) Expe	
		NONE	(b) Louis and Mavanocs	enter -0-)	plans & deferred compensation pla	J 1	er allow	
						1		
						\dashv		
				•				
				1				
				 	<u> </u>			
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						1		
Pa		Other Information (See the instructions.)					Yes	No
76		e organization make a change in its activities or methods of co	onducting activities? If "Ye	es," attach a detail	ed			
		ent of each change				76	+-	X
77		tny changes made in the organizing or governing documents," attach a conformed copy of the changes.	out not reported to the IR	or		77	+-	 ^
78 a		," attach a conformed copy of the changes. e organization have unrelated business gross income of \$1,00	00 or more during the vear	covered by this re	eturn?	78a		X
b		-			/-	78b		
79		nere a liquidation, dissolution, termination, or substantial cont				79		Х
80 a		organization related (other than by association with a statewin	=					
		ership, governing bodies, trustees, officers, etc., to any other	exempt or nonexempt org	janization?		80a	4-	X
b	If "Yes	," enter the name of the organization N/A			7,000,000			
04 -	Enter	direct or indirect political expenditures. (See line 81 instruction	_ and check whether it is		nonexempt 0			
		e organization file Form 1120-POL for this year?				811	,	x
	. Dau u It	organisación de la cita i de los uno yours						(2006)

Form 990 (2006)

3 Program service revenue: a	art VI Other Information (co	AGE COVE COM ontinued)			<u></u>	.485047 Page Yes N
Section 4947(a)(1) nonexempt charitable trusts filing from 990 in feu of Form 1041- Check here and enter the amount of tax exempt interest received or accused during the tax year 1/2 N/A art VII Analysis of Income-Producing Activities (See the instructions) othe Enter gross amounts unless otherwise (Check of the Accomplishment of Exempt Purposes) (E) (B) (B) (B) (Check of the Accomplishment of Exempt Purposes (See the instructions) Amount (Check of the Accomplishment of Exempt Purposes) (See the instructions) (B) (B) (B) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (See the instructions) (Check of the Accomplishment of Exempt Purposes) (: At any time during the calendar yes	ar, did the organization r	naintain an office outsi	de of the United	States?	91c X
and enter the amount of laxexempt interest received or accrued during the tax year An IVI Analysis of Income-Producing Activities (See the instructions) Anount Incelled business income Incelled Business income Incelled Business income Incelled Business income Incelled Business	If "Yes," enter the name of the fore	ign country >	N/A			
art VIII Analysis of Income-Producing Activities (see the instructions) Analysis of Income Calcium						> 🗀
ter. Enter gross amounts unless otherwise Carted. An Unrelated business income (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	and enter the amount of tax-exemp	t interest received or ac	crued during the tax ye	ear	> 92	N/A
(A) (B) (Colored Colored Color	irt VII Analysis of Income-			-i		•
Program service revenue: Business Amount Section Sec	te: Enter gross amounts unless other	WISE	related business income		section 512, 513, or 514	(E)
Program service revenue: Code National Sode	icated.			Exclu-		Related or exempt
Medicare/Medicaid payments Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate: debt-financed property Net rental income or (loss) from personal property Net income or (loss) from sales of assets other than inventory Net income or (loss) from sales of inventory Other revenue: Subtotal (add columns (B), (D), and (E)) Subtotal (add columns (B), (D), and (E)) Total (add fine 104, columns (B), (D), and (E)) Total (add fine 104, columns (B), (D), and (E)) Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). A)	Program service revenue:				Amoun	function income
Medicare/Medicaid payments Fees and contracts from government agencies Interest on savings and temporary cash investments Dividends and interest from securities Not rental income or (loss) from real estate: debt-financed property not debt-financed property Not rental income or (loss) from real estate: debt-financed property Not rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from sales of inventory Other revenue: Subtotal (add columns (B), (D), and (E) Subtotal (add columns (B), (D), and (E) Total (add line 104, columns (B), (D), and (E) Total (add line 104, columns (B), (D), and (E) **Total (add						
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j 0 <u>/</u> _1	II/A	%				
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art X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)	art X Information Regard		ociated with Pers	onal Benefit	Contracts (See the	instructions)
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Form **990** (2006)

NASHVILLE. TN 37204

Phone no. \triangleright (615) 665-1811

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.)

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

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	COTTAGE COVE COMPANY			31: 1485C	14/
Part I	Compensation of the Five Highest Paid Em		Officers, Direc	ctors, and T	rustees
	(See page 2 of the instructions. List each one. If there are none, e	nter "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 & deferred compensation	(e) Expense account and other allowances
NONE					
		-			
over \$50,000	other employees paid	0			
Part II-A	Compensation of the Five Highest Paid Ind (See page 2 of the instructions. List each one (whether individual	- -		ional Servic	es
	(a) Name and address of each independent contractor paid more the	han \$50,000	(b) Type of	service	(c) Compensation
NONE					
					·
\$50,000 for pro	f others receiving over ofessional services	0			
Part II-B	Compensation of the Five Highest Paid Ind (List each contractor who performed services other than profess firms. If there are none, enter "None." See page 2 of the instruction	ional services, whether individ		ervices	
	(a) Name and address of each independent contractor paid more to	han \$50,000	(b) Type of	service	(c) Compensation
NONE				·	
Total number o	of other contractors receiving over	0			

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Schedu	ule A (Form 990 or 990-EZ) 2000 COTTAGE COVE COMPANY 31-148	3504	/ -	age 2
Pari	Statements About Activities (See page 2 of the instructions.)		Yes	No
1 Du	uring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	ublic opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
lol	bbying activities > \$ (Must equal amounts on line 38, Part VI-A, or			
	ne i of Part VI-B.)	1_1_		X
Or	rganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
ch	necking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
tro pe	uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, ustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such erson is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," trustee, majority owner, or principal beneficiary?			
a Sa	ale, exchange, or leasing of property?	2a	<u> </u>	X
b Le	ending of money or other extension of credit?	2b	<u> </u>	X
	urnishing of goods, services, or facilities?	2c		X
d Pa	ayment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<u> </u>	X
e Tr	ransfer of any part of its income or assets?	2e		X
3 a D	id the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
th	ne organization determines that recipients qualify to receive payments.)	3a	<u> </u>	X
b D	d the organization have a section 403(b) annuity plan for its employees?	3b	<u> </u>	X
c D	id the organization receive or hold an easement for conservation purposes, including easements to preserve open space,		1	
th	ne environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	<u> </u>	X
d D	id the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	<u> </u>	X
4 a D	id the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f	1		l
aı	nd 4g	4a	<u> </u>	X
b D	id the organization make any taxable distributions under section 4966?	4b	1	X
c D	id the organization make a distribution to a donor, donor advisor, or related person?	4c	1	X

d Enter the total number of donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on

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ury that t	he organization is not a private foundation because it is: (F						
片	A church, convention of churches, or association of ch)(A)(I)-				
H	A school. Section 170(b)(1)(A)(ii). (Also complete Part		#A			_	
H	A hospital or a cooperative hospital service organization						
님	A federal, state, or local government or governmental u		• •	L . L			
لــا	A medical research organization operated in conjunctio	on with a nospital. Section	1 1/U(D)(1)(A)(III). Enter ti	ne nospitai's	name, city,		
	and state	organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).					
لـــا		university owned or ope	rated by a governmental u	mi. Section	170(B)(1)(A)(IV)	-	
[FE]	(Also complete the Support Schedule in Part IV-A.)						
a X	· · · · · · · · · · · · · · · · · · ·		overnmental unit or from	the general p	udiic.		
	Section 170(b)(1)(A)(vi). (Also complete the Support						
╸╚	A community trust. Section 170(b)(1)(A)(vi). (Also con						
Ш	An organization that normally receives: (1) more than						
	receipts from activities related to its charitable, etc., fur its support from gross investment income and unrelate						
	by the organization after June 30, 1975. See section 5				ses acquired		
_	•	, , , , , ,	•				
Ш	An organization that is not controlled by any disqualifie		undation managers) and (otherwise me	ets the requirer	nents of section	
	509(a)(3). Check the box that describes the type of sur	· · · · · · · · · · · · · · · · · · ·					
	Type I Type II	Type III-Fu	nctionally Integrated		Type III-0	ther	
	Provide the following information al	bout the supported orga	nizations. (See page 7 of	the instruction	ons.)		
	(a)	(b)	T			(e)	
		1 107	(c)	(d)	J	(6)	
	Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	Is the so organization the sup organi	ipported on listed in porting ration's documents?	Amount of support	
		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
		Employer identification	Type of organization (described in lines 5 through 12 above	Is the so organization the sup organi	ipported on listed in porting zation's	Amount of	
		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
-		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
-		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
-		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
-		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
-		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
-		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	
		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	opported on listed in porting cation's documents?	Amount of	

Par	TIV-A Support Schedule (C	omplete only if you che worksheet in the instr	cked a box on line 10,	, 11, or 12.) Use cash from the accrual to the	method of accounting	ng. ounting.
Calen begin	dar year (or fiscal year ning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	118,101.	90,140.	127,440.	145,178.	480,859.
16	Membership fees received					ļ
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	25.957.	23,403.	27,347.	3,552.	80,259.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	23,331.	23, 403.	21,341.	3,334.	00,237.
19	Net income from unrelated business					
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	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	•				
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	144,058.	113,543.			
24	Line 23 minus line 17	118,101.	90,140.		145,178	
25	Enter 1% of line 23	1,441.	1,135.	1,548.	1,487	
26	Organizations described on lines 1			***************************************	<u>▶ 26a</u>	9,617.
b	•			•	1	
	unit or publicly supported organizat	•	-		1	
	Do not file this list with your return					72,578.
C	Total support for section 509(a)(1)				<u> 26c</u>	480,859.
d	Add: Amounts from column (e) for		19			
		22	26b	72,57	<u>8.</u> ≥ 26d	
	Public support (line 26c minus line	26d total)			<u> 26e</u>	
	Public support percentage (line 26					
27	Organizations described on line 12 records to show the name of, and to such amounts for each year: (2005)	otal amounts received in e	ach year from, each "disq	ualified person." Do not f	ile this list with your ret	urn. Enter the sum of
b		that was received from ear	ch person (other than "dis	squalified persons") prep	are a list for your record	s to show the name of
_	and amount received for each year, described in lines 5 through 11b, as the larger amount described in (1) of (2005)	that was more than the last well as individuals.) Do not (2), enter the sum of the (2004)	rger of (1) the amount of ot file this list with your ese differences (the excess)	on line 25 for the year or or return. After computing ss amounts) for each year (2003)	(2) \$5,000. (Include in the difference between the r: N/A (2002)	ne list organizations ne amount received and
C	Add: Amounts from column (e) for	lines: 15_		16		
-	Add: Amounts from column (e) for 17 Add: Line 27a total	20		21	≥ 27c	N/A
d	Add: Line 27a total	ar	nd line 27b total		<u>27d</u>	N/A
е	Public support (line 27c total minus	line 27d total)			▶ 27e	N/A
f	Total support for section 509(a)(2)					
9						
	Investment income percentage					
S	Unusual Grants: For an organization show, for each year, the name of the content	contributor, the date and a	mount of the grant, and	a brief description of the i	nature of the grant. Do no	re a list for your records to ot file this list with your
	31 01-18-07	N	ONE		Sche	dule A (Form 990 or 990-EZ) 2006

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

20	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	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.)	_		
32	Does the organization maintain the following:	_		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
a b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	1		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
·	admissions, programs, and scholarships?	32c	[
d	Copies of all material used by the organization or on its behalf to solicit contributions?		1	
٠	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	<u>025</u>		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?		╁	╁—
b	Admissions policies?	33b	—	1
C	Employment of faculty or administrative staff?	33c	 	┼
d	Scholarships or other financial assistance?	33d	┼	╁
е.	Educational policies?		+	\vdash
ī	Use of facilities?		+	╀
9	Athletic programs?	33g	-	-
h	Other extracurricular activities?	33h	┼─	┼-
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
0.4	Davids and the second s	_		
34 a	The state of the s	34a	+	┼
b	Has the organization's right to such aid ever been revoked or suspended?	34b	+	╄-
35	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
JJ	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	-	İ	
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	ì	1

	ONLY by an eligible organiz	ation that filed Form 5768	3)				N/A
Check a if the organization	on belongs to an affiliated gr	roup. Check	▶ b if y	you check	ed "a" and Timited	control pro	
	nits on Lobbying Ex	•			(a) Affiliated group		(b) To be completed for all electing organizations
(The term	"expenditures" means amou	nts paid or incurred.)			totals		electricy organizations
					N/A		
36 Total lobbying expenditures to			***	36			
37 Total lobbying expenditures to				37			
38 Total lobbying expenditures (ac				38			
39 Other exempt purpose expendi				39			
40 Total exempt purpose expendit				40			
41 Lobbying nontaxable amount.				! !			
If the amount on line 40 is -	• •	nontaxable amount is -	!	1			
Not over \$500,000			4	1 1			
Over \$500,000 but not over \$1,000,0			ľ				
Over \$1,000,000 but not over \$1,500				41			
Over \$1,500,000 but not over \$17,00			1				
Over \$17,000,000				42		ļ	
42 Grassroots nontaxable amount				43			
43 Subtract line 42 from line 36. E44 Subtract line 41 from line 38. E				44			
44 Subtract mic 41 hom mic 30. E	inter -0- it line 4 i is more the	311 IIIIG 30		44			
Caution: If there is an amou	int on either line 43 or line	e 44 vou must file Forr	n 4720.	1 1			
		Lobbying Exp	oenditures Duri	ng 4-Year	Averaging Period		N/A
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 200-		(d) 2003		(e) Total
45 Lobbying nontaxable					1		
amount							0
46 Lobbying ceiling amount					Ì		
(150% of line 45(e))							0
47 Total lobbying						,	_
expenditures			 				0
48 Grassroots nontaxable							0
amount			 		-		U
49 Grassroots ceiling amount							0
(150% of line 48(e)) 50 Grassroots lobbying		······	1				0
expenditures							0
Part VI-B Lobbying A	ctivity by Nonelect	ing Public Charit	ties		- <u></u>		·
	nly by organizations that did	_		the instru	ctions.)		N/A
During the year, did the organization	on attempt to influence nation	nal, state or local legislation	on, including an	y attempt	to		
influence public opinion on a legisl			<u>.</u>	•	Yes	No	Amount
a Volunteers						$\bot J$	
b Paid staff or management (Inc							
c Media advertisements							
d Mailings to members, legislate	ors, or the public					$\bot \bot$	
e Publications, or published or						\bot	
A County to other properties.	for lobbying purposes				į.	1 1	

g Direct contact with legislators, their staffs, government officials, or a legislative body
 h Raflies, 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.

0.

chedul	le A (Form 990 or 990-EZ) 2000	COTTAGE COVE COM	MPANY				age 7
Part				Relationships With Nonchari	table		
		ntions (See page 13 of the instru		experientian described in gostion			
		ectly or indirectly engage in any of the ction 501(c)(3) organizations) or in					
		nization to a noncharitable exempt o		inoai organizationo.	Y	es	No
a					51a(i)		X
					a(ii)		Х
	Other transactions:						
•		with a noncharitable exempt organi	ization)(i)		X
	• •				b(ii)		X
	(iii) Rental of facilities, equipment	t, or other assets			b(iii)		X
	(iv) Reimbursement arrangements						
	• •				1		X
	• •				1 - 1		X
				h a ha sa fair market rains of the	<u>c</u>		X
				Iways show the fair market value of the			
		given by the reporting organization. Int, show in column (d) the value of			N	[/A	
			the goods, other assets, or	(d)		/ 11	
(a) Line n		(c) Name of noncharitable exe	mpt organization	Description of transfers, transactions, and	sharing arra	ngen	nents
	1						
		· <u>·</u> ··································					
				<u> </u>			
	_						
	+						
							
				 			
52 a	Is the organization directly or ind	irectly affiliated with, or related to, o	one or more tax-exempt org	panizations described in section 501(c) of the		_	
	Code (other than section 501(c)(```	Yes	ΓX	No
b	If "Yes," complete the following so						
	(a)		(b)	(c)			
	Name of orga	anization	Type of organization	Description of relation	ship		
	·····						
	· · · · · · · · · · · · · · · · · · ·						
							
							
							
					· · · · · · · · · · · · · · · · · · ·		
							
	· · · · · · · · · · · · · · · · · · ·						
			1	İ			

FORM 990	SPECIAL EVE	NTS AND ACTI	STATEMENT 1		
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES ·	NET INCOME
CHRISTMAS WITH DIGNITY - EVENT TO RAISE MONEY AND GIFTS FOR FAMILIES	1,785.		1,785.	2,668.	-883.
EVENING OF ELEGANCE - EVENT TO RAISE MONEY FOR THE CHILDREN	28,943.		28,943.	3,067.	25,876.
AUCTION EVENT TO RAISE MONEY FOR THE CHILDREN	14,152.		14,152.		14,152.
MISCELLANEOUS EVENTS TO RAISE MONEY FOR THE CHILDREN	2,176.		2,176.	2,037.	139.
TO FM 990, PART I, LINE 9	47,056.		47,056.	7,772.	39,284.

OFFIC	STATEMENT	2			
AME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS	
RENT MACDONALD	44,706.		,	44,70	6.
. PROGRAM SERVICES	33,530.			33,53	0.
. MANAGEMENT AND GENERAL	8,941.		· · · · · · · · · · · · · · · · · · ·	8,94	1.
. FUNDRAISING	2,235.			2,23	5.
OTAL PROGRAM SERVICES			· · · · · · · · · · · · · · · · · · ·	33,53	0
OTAL MANAGEMENT AND GENER	AL			8,94	:1
OTAL FUNDRAISING				2,23	5
OTAL OFFICER, ETC., COMPE	NSATION INCLUDE	ED ON PART II	, LINE 25A	44,70	16
ORM 990 STATEMENT OF O	RGANIZATION'S I PART III		T PURPOSE	STATEMENT	,

XPLANATION

O PROVIDE EDUCATION AND TRAINING IN THE ARTS TO INNER CITY CHILDREN AND EERS IN THE NAME OF JESUS.

ORM 990	DEPRECIATION	OF	ASSETS	NOT	HELD	FOR	INVESTMENT	STATEME	INT	4
ESCRIPTION			O ^t		r or Basis	5	ACCUMULATED DEPRECIATION	BOOK V	VALUE	
UILDING			*****		110,00	00.	44,000.		56,00	0.
UILDING IMP	ROVEMENTS				10,80	53.	7,357.		3,50	
FFICE EQUIP	MENT				15,00	00.	15,000.			0.
THICLE					2,00	0.	2,000.		(0.
THICLE					18,70	5 7 .	18,767.			0.
ECURITY SYS	rem				4,4	54.	4,454.			0.
BUILDING IMP	ROVEMENTS				16,99	91.	9,909.		7,08	2.
ECURITY SYS	PEM				9:	34.	740.		19	

COTTAGE COVE COMI Y			31-1485047
UILDING IMPROVEMENTS FFICE EQUIPMENT	3,376. 1,131.	1,477. 848.	1,899.
UILDING IMPROVEMENTS UILDING IMPROVEMENTS	2,294. 1,500.	622. 219.	1,672. 1,281.
FFICE EQUIPMENT - TELEPHONE FFICE EQUIPMENT - PC UILDING IMPROVEMENTS - FENCE	1,550. 1,874. 1,780.	1,118. 729. 74.	432. 1,145. 1,706.
UILDING IMPROVEMENTS - ROOF FFICE EQUIPMENT	4,800. 1,784.	720. 347.	4,080. 1,437.
AND	22,003.	0.	22,003.
OTAL TO FORM 990, PART IV, LN 57	221,101.	108,381.	112,720.