Form 920

# 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

Department of the Treasury

Open to Public

Contributions girts, grants, and similar amounts received:   Contributions girts, grants, an	Description description   Comparison   Com		"	enue Service   The organization may have to use a co	opy of this return to sat	tisfy state	reporting requirem	ents.	Inspection	
Address change   Name change	Address change   Page   Address change	A	For th		, 2006, a	nd endin	g 6/30		2007	_
Advises change   Name change	Martin of the part   Martin	В	Check i				D Empl	yer lden	tification Number	_
Hamiltone change   Initial return   Hamiltone completed Schedule A   Hamiltone change	Secretary		∐ Ad	dress change   IRS label   LADIES   HERMITAGE   AS	SOCIATION		62	-0478	3087	
Application pending   Secretion S01(CXS) organizations and 4947(a(X1) nonexempt charitable trusts must attach a completed Schedule A form 390 of 980 #22.)   G   Web site: F HTTP: //WWW.THEHERMTTAGE.COM	Section STIC(XS) organizations and A947(XX) nonexcempt charitable trusts must attach a completed Schedulc A (Form 990 or 990-EZ).   We will be state to the state of a special and its special		∐N∂	mc change   or type,   4000 type the type						_
Paccounting	Production   Pro		∐ lini	uai return   specific (			61	5-889	-2941	
Amended return Application promiting Section 501(c)(3) organizations and 4347(a)(1) nonexempt charitable trusts must attach a completed Schedulc A H (a) is this a group return for affidiate the form 930 or 930(c) is 100 in 100	Amendation returns   Section SDI(CXS) organizations and 4947(AXT) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).   We   Section SDI(CXS) organization such a completed Schedule A (Form 990 or 990-EZ).   We   Section SDI(CXS) organization is not sense or 990-EZ).   We   Section SDI(CXS) organization is not sense organization organization is not sense organization is not sense organization organization is not sense organization orga		Fir							_
Application pending   Section 501(c)(3) organizations and 4947(a)(1) nonexempt   Hand are not applicable to section 527   H(a) is this a group reburs for shillout   H(b) if **Pes**, "enter number of shifflates (Form 990 or 990-EZ).   H(b) if **Pes**, "enter number of shifflates (Common organization type (Check only one)	Application permits   Section 501(c/3) organizations and 4947(c/X) noncempt charitable trusts must attach a completed Schedule A   H (a) is this a group return for affiliates.    I we grow price in the protection of the protec		An							•
Contributions to donor advised funds   Contributions (grants) (not included on line 1a)   Contributions to donor advised funds   Contributions (grants) (not included on line 1a)   Contributions to donor advised funds   Contributions (grants) (not included on line 1a)   Con	Chard table trusts must attach a completed Schedule A   H (2) is this a group return for diffillose?				9/7/3/1) no=ava===	N one				_
G   Web site: ► HTTP: / WWW. THEHERMITAGE.COM	Section   Part			charitable trusts must attach a comp	leted Schedule A					
J Organization type (check only one)	No   No   No   No   No   No   No   No	_		(Form 990 or 990-EZ).						,
J Organization type (check notly one)   X   501(c)   3   (insert no.)   4847(a)(1) or   527   H (d) is this a separate returm flied by 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.   I   Group Exemption Number organization chooses to file a return, be sure to file a complete return.   I   Group Exemption Number organization chooses to file a return, be sure to file a complete return.   I   Group Exemption Number organization chooses to file a return, be sure to file a complete return.   I   Group Exemption Number organization chooses to file a return, be sure to file a complete return.   I   Group Exemption Number organization chooses to file a return, be sure to file a complete return.   I   Group Exemption Number organization chooses to file a return, be sure to file a complete return.   I   Group Exemption Number organization chosens to file a return, be sure to file a complete return.   I   Group Exemption Number organization chosens to file a return, be sure to file a complete return.   I   Group Exemption Number organization chosens to file a return, be sure to file a complete return.   I   Group Exemption Number organization chosens to file a complete return.   I   Group Exemption Number organization chosens to file a complete return.   I   Group Exemption Number organization chosens to file a complete return.   I   Group Exemption Number organization chosens to file a complete return.   I   Group Exemption Number organization chosens to file a complete return.   I   Group Exemption Number organization chosens to file a complete return.   I   Group Exemption Number organization chosens to file a complete return.   I   Group Exemption Number organization chosens to file a complete return.   I   I   Group Exemption Number organization chosens to file a complete return.   I   I   I   I   I   I   I   I   I	Contributions, gifts, grants, and similar amounts received:   Contributions to donor advised funds.   1	<u>G_</u>	Web:	site: - HTTP://WWW.THEHERMITAGE.COM						o
(chieck only one)		J	Orga	nization type	_	,·				•
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 organization chooses to file a return, be sure to file a complete return.  L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ► 3, 676, 173.   Table Check ►   if the organization chooses to file a return, be sure to file a complete return.  The contributions grits, grants, and similar amounts received:  a Contributions to donor advised funds.  b Direct public support (not included on line 1a).   1b   346, 494.   c Indirect public support (not included on line 1a).   1d   140, 999.   for the fund lines are defined into the file and interest from securities.   467, 705. noneash \$ 19,788.   1e   2 Program service revenue including government fees and contracts (from Part VIII, line 93).   2   3 Membership dues and assessments.   4   5 Dividends and interest from securities.   5   6a Gross rents.   6a   34,988.   b Less: rental expenses.   6b   c Net rental income or (loss). Subtract line 6b from line 6a.   6c   7 Other investment income (describe. ► SEE STATEMENT 1)   7   8a Gross amount from sales of assets other than inventory.   59,980.   8a   c Sain or (loss). Combine line Sc. columns (A) and (B).   9 Special events and activities (attach schedule). If any amount is from gaming, check here.   10   a Gross revenue (not including \$ 10,810. or contributions reported on line 1b).   54,745.   10   10 Gross profit or (loss) from special events. Subtract line 9b from line 9a.   57,314.   8b   5 Less: cost or other basis and sales expenses.   57,314.   8b   9 Special events and activities (attach schedule). Subtract line 9b from line 9a.   5745.   317.   10 Gross profit or (loss) from special events. Subtract line 9b from line 9a.   5745.   317.   10 Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a.   5745.   317.   11 Other revenue. (from Part VII, line 103).   11   12 Total revenue. Ad	The process of the		(chec	k only one) ► X 501(c) 3 - (insert no.)	4947(a)(1) ar	527 H (c	) is this a separate return	filed by	an	
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.  I. Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ** 3, 676,173.  I. Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ** 3, 676,173.  I. Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds. b Direct public support (not included on line 1a). c Indirect public support (not included on line 1a). d Government contributions (grants) (not included on line 1a). d Government contributions (grants) (not included on line 1a). d Government contributions (grants) (not included on line 1a). 1	Group Exemption Number.	K	Check	there 🟲 📗 if the organization is not a 509(a)(3) support	ting organization and i	ts	organization covered by	a group		ļφ
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* 1 1/ 1 1 Visit Expenses. And lines 1b and 44 Column (A)	Page 204, 179.  18	Ē	1	Total expanses Add E 16 16	••••••			-		_
19 Evenes of (Infinity for the	Page 204, 179.  18	_		Evenes or (defails) for the				-		
A Excess or (deficit) for the year. Subtract line 17 from line 12	00 000	, A	l	Excess or (deficit) for the year. Subtract line 17 from I	ine 12 , , , , , , , , , , , , , , , , , ,					
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Y = Y Y Y TORK CORDOOS IN NOT RESIDE OF THIS MAJE ==== (-Heads and best in ) CDD CORDON F	20 48, 288.			Other changes in net assets or fund balances (attach	explanation)	EE.STA	ATEMENT5	20	48,288	
	41 INEL BASSETS OF TUNG DALARGES at end of year Combine lines 19, 19, and 20, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19		121	Net assets or fund balances at end of year. Combine in	ines 18, 19, and 20	· · · · · · · · · · · · · · · · · · ·		21	7,477,66	3.
SI DE ALIA		RΛ		PRIVACY Act and Denominal Deduction & Atlanta		· · · · · · · · · · · · · · · · · · ·		121	1,411,00.	

Form 990 (2005) LADIES' HERMITAGE ASSOCIATION 62-0478087 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. 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 sch) (cash non-cash \$ If this amount includes foreign grants, check here.. 🟲 22 a 22 b Other grants and allocations (att sch) (cash non-cash If this amount includes foreign grants, check here... 22 b Specific assistance to individuals (attach schedule)..... 23 Benefits paid to or for members (attach schedule)... 24 25 a Compensation of current officers. directors, key employees, etc listed in Part V-A (attach sch) 25 a 410,046 279,117 119,041 11,888. b Compensation of former officers directors, key employees, etc listed in Part V-B (attach sch) 25 b 0 0 0. 0. c Compensation and other distributions, not included abovo, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . . . 25 c Û O 0 0. Salaries and wages of employees not included on lines 25a, b, and c..... 26 1,257,026 8<u>55</u>,652 364,928. 36,446. Pension plan contributions not included on lines 25a, b, and c. 27 35,933. 25,444 9,666. 823. Employee benefits not included on lines 25a - 27. 28 28 171,486. 125,579 38,859. 7.048. Payroll taxes..... 29 119,935. 100,186. 19,749. Professional fundraising fees..... 30 30 31 Accounting fees..... 31 13,475. 13,475. Legal fees ..... 32 32 3,138. 3**,13**8. 33 Supplies..... 79,703. 33 68,076. 9,845. 1,782. 34 18,863. 2,030. 16,833, 35 Postage and shipping..... 35 21,497. 12,808. 7,593. 1,096. 36 Occupancy..... 36 37 Equipment rental and maintenance.... 37 120,764. 119,386. 1,319. 59. Printing and publications..... 38 38 32,375. 5,306. 24,784 2,285. 39 Travel..... 39 48,991 20,689 28,131 171. 40 Conferences, conventions, and meetings. . . . . . . . 40 11,953 5,543. 6,410. 41 Interest.... 41 Depreciation, depletion, etc (attach schedule)... 42 42 <u>34</u>1,092. 306,983. 34,109 Other expenses not covered above (itemize): 43 a SEE STATEMENT 6 43 a 341,680 361,702 -62,770 42,748. 43Ь 43 c 43 d 43 e 43f 43 g Total functional expenses, Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) 3,027,957. 2,282,958. 631,105. 113,894. Joint Costs. Check. | if you are following SQP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported i(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 allocated to Management and general ; and (iv) the amount allocated to Fundraising \$

BAA

orm 990 (2006) LADIES' HERMITAGE ASSOCIATION	62-04780	87 Page 3
Statement of Program Service Accomplishments	·	
form 990 is available for public inspection and, for some people, serves as the primary or sole source of in organization. How the public perceives an organization in such cases may be determined by the information solease make sure the return is complete and accurate and fully describes, in Part III, the organization's pri	nformation about a on presented on its ograms and accom	a particular s return. Therefore, nplishments.
Vhat is the organization's primary exempt purpose? SEE STATEMENT 7  Ill organizations must describe their exempt purpose achievements in a clear and concise manner. State lients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) rations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations.	Den	ogram Service Expenses equired for 501(a)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 8		,
(Grants and allocations \$ ) If this amount includes foreign grants, check h	nere >	<u>2,2</u> 82,958.
b	:	
	<b>-</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check h		
c ) It this amount includes foreign grants, check r	nere F	
(Grants and allocations \$ ) If this amount includes foreign grants, check h	nere	
d		
	1	
(Grants and allocations \$ ) If this amount includes foreign grants, check to	nere 🗠 📗	
e Other program services		",
(Grants and allocations \$ ) If this amount includes foreign grants, check to the following the follo	nere , , , 🕶 🔲 📗	,
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	<del>-</del>	2,282,958.
BAA		Form <b>990</b> (2006)

Page 4

an dan	ou con-	Dalance Sheets (See the Instructions.)					
Note		here required, attached schedules and amounts within plumn should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			4,540.	45	6,406.
- 1	46	Savings and temporary cash investments			553,950.	46	569,621.
l					,	7-7-	
ı	47 a	Accounts receivable	47a	25,914.			
	b	Less: allowance for doubtful accounts	47b	,	59,806.	47 c	25,914.
						0.00	
	48 a	Pledges receivable	48 a	24,630.		30.00	
		Less: allowance for doubtful accounts			5,000.	48 c	24,630.
		Grants receivable.			5,000.	49	12,030.
		Receivables from current and former officers, directors employees (attach schedule)	s trus	tees and key	3,000.		12,0301
	. <b>b</b>	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attack				50 a	
Ą			n sane 	edule)	****	50 b	
м-тимф	51 a	Other notes and loans receivable (attach schedule)	F1.			970	
Ţ	ь					<b>新本系统</b>	
3		Less: allowance for doubtful accounts			005 100	51 c	<u> </u>
		Inventories for sale or use					235,570.
		Prepaid expenses and deferred charges			46,214.	1 1	44,256.
		Investments — publicly-traded securities STMT9			767,431.	54 a	863,951.
,		Investments — other securities (attach sch)		Cost FMV		54 b	
		Investments - land, buildings, & equipment: basis.	55 a				
		Less: accumulated depreciation (attach schedule)				55 c	
		Investments — other (attach schedule)				56	824.
	57 a	Land, buildings, and equipment: basis	57 a	11,222,071.			
		Less: accumulated depreciation (attach schedule)STATEMENT 11	57 b	5,319,306.	6,106,466	57 c	5,902,765.
	58	Other assets, including program-related investments					
		(describe - SEE STATEMENT 12		)		58	155,091.
	59	Total assets (must equal line 74). Add lines 45 through	gh 58 .		7,774,330	. 59	7,841,058.
	60	Accounts payable and accrued expenses				. 60	68,032.
	61	Grants payable				61	
Ļ	62	Deferred revenue				62	11
Ė	63	Loans from officers, directors, trustees, and key				(C) (C)	
Î		employees (attach schedule)				63	
Ţ	64 a	Tax-exempt bond liabilities (attach schedule)				64a	
Ē		Mortgages and other notes payable (attach schedule)		· · · · · · · · · · · · · · · · · · ·		64ь	
5	65	Other liabilities (describe F., SEE STATEMENT	13	)	118,269		295,363.
	66	Total liabilities. Add lines 60 through 65			140,776		363,395.
	Org	anizations that follow SFAS 117, check here 🛌 🗓 a	nd co	mplete lines 67		61-191-65	
본	1	through 69 and lines 73 and 74.					
_	67	Unrestricted			7,182,748	. 67	6,968,757.
5	68	Temporarily restricted			444,906.		
Q-Hallowy)	69	Permanently restricted	64,000		64,000.		
Q R	Org	anizations that do not follow SFAS 117, check here 🕨		and complete lines	32,330		
R		70 through 74.	Ш	<del>-</del>	1	2	
Ķ	70	Capital stock, trust principal, or current funds		70			
Б	71	Paid-in or capital surplus, or land, building, and equi		71			
Ą	72	Retained earnings, endowment, accumulated income		72			
ត្			<b>'</b>	325			
くしくことしか	73	Total net assets or fund balances. Add lines 67 throids. (Column (A) must equal line 19 and column (B) in	ugh 69 must 4	or lines 70 through	. <u>7,6</u> 33,554		7,477,663.
S	74	Total fiabilities and net assets/fund balances. Add li					7,841,058.
<u> </u>		The state of the s	nes ot	2 CHQ 14	., 1,114,330	-1 /4	/,041,038.

		ASSOCIATION		62-0478	087 Page 5
R C	Reconciliation of Revenu- instructions.)	e per Audited Financial S	Statements with R	evenue per Return	(See the
a	Total revenue, gains, and other support	per audited financial etatamen	1_	1 _	3,700,368.
	Amounts included on line a but not on P		15	al	3,700,300.
•	Net unrealized gains on investments		ابدا	48,288.	
	2Donated services and use of facilities			33,221.	
	3Recoveries of prior year grants			33,221.	
	4Other (specify): SEE STM 14			795,081.	
	Add lines b1 through b4			755,001.	876,590.
¢	Subtract line b from line a				2,823,778.
đ	Amounts included on Part I, line 12, but				
	1 Investment expenses not included on Pa		61		
			d2	<b>73.</b> 2	
	Add lines d1 and d2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d	
e	Total revenue (Part I, line 12). Add line:	c and d	· · · · · · · · · · · · · · · · · · ·	► e	2,823,778.
	Reconciliation of Expens	es per Audited Financia	I Statements with	<u>Expenses per Retu</u>	ŗn
a	Total expenses and losses per audited t		•••••	a	3,856,259.
b	Amounts included on line a but not on F		11		
	1 Donated services and use of facilities.			33,221.	
	2Prior year adjustments reported on Part				
	3Losses reported on Part I, line 20 4Other (specify):				
	CEE COMMO 1			705 001	
	Add lines b1 through b4			795,081.	828,302.
C	Subtract line b from line a				3,027,957.
ď	Amounts included on Part I, line 17, bu				3,021,331.
_	1 Investment expenses not included on P		41		
		• • • • • • • • • • • • • • • • • • • •			
		·	ا منا		
	Add lines d1 and d2			d	
e	Total expenses (Part I, line 17). Add lin	nes <b>c</b> and <b>d</b> , , , , , , , , , , , ,		ь е	3,027,957.
B	Current Officers, Directo or key employee at any time du	rs, Trustees, and Key Er uring the year even if they were	nployees (List each e not compensated.) (	person who was an off See the instructions.)	icer, director, trustee,
		(B) Title and average hours per week devoted	(C) Compensation	(D) Contributions to	(E) Expense account and other
	<ul><li>(A) Name and address</li></ul>	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
	·		+ ,	compensation plans	
	<b></b>				
_					
<u>SI</u>	SE STATEMENT 16		410,046.	67,656.	0.
		4			
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		4			
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-		<b>-</b>   .			
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_		]		1	
В	AA	TEEA0105L 0	11/18/07	•	Form <b>990</b> (2006)

Form 990 (2006) LADIES' HERMITAGE ASSO	CIATION		62-0478	087 Page <b>6</b>
Current Officers, Directors, Tru	stees, and Key Em	iployees (continued	d)	Yes No
75 a Enter the total number of officers, directors, and trustees pe	ermitted to vote on organizati	on business as board meeting	s. ► 22	
b Are any officers, directors, trustees, or key em- 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 relat	isated professional and	other independent con	tractors listed in Sched	vees ule 75b X
c Do any officers, directors, trustees, or key emplished 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 If 'Yes,' attach a statement that includes the includes the includes the includes.	ployees listed in form 9 isated professional and any other organization ie definition of 'related	90, Part V-A, or highes I other independent cor ns, whether lax exempt organization'		es ule ated 75 X
d Does the organization have a written conflict of	itormation described in	the instructions.		
d Does the organization have a written conflict o	at a second Keep E			75d X
Former Officers, Directors, True Benefits (If any former officer, directed during the year, list that person below a the instructions.)	or, trustee, or key empl	loves received company	eation or other benefite.	(deceribed 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	(E) Expense account and other allowances
NONE			- Sing sinesitori pratis	
		i		
,, = 4				
<b>-</b>				
			<u> </u>	
				<u></u> .
<b>-</b>			ľ	
PORTON ON COLUMN AND AND AND AND AND AND AND AND AND AN	<u> </u>			<u> </u>
Part Viv Other Information (See the inst	<u> </u>	"		Yes No
76 Did the organization make a change in its act	ivities or methods of co	onducting activities?		
If 'Yes,' attach a detailed statement of each c	nange			
77 Were any changes made in the organizing or If 'Yes,' attach a conformed copy of the change	governing documents i	but not reported to the	R\$?	
78a Did the organization have unrelated business	gross income of \$1,00 • (e.g. this are e.g.)	o or more during the ye	ar covered by this retur	n? 78a X
b If 'Yes,' has it filed a tax return on Form 990-				
79 Was there a liquidation, dissolution, terminating year? If 'Yes,' attach a statement	on, or substantial contr	action during the		
80 a is the organization related (other than by assimembership, governing bodies, trustees, office	ociation with a statewic ers, etc, to any other e	de or nationwide organi; exempt or nonexempt o	zation) through common	80 a X
bilf 'Yes,' enter the name of the organization	<u> </u>		<del></del>	
	and c	heck whether it is 🔲 e	exempt or nonexe	empt.
81 a Enter direct and indirect political expenditures	s. (See line 81 instructi	ions.)	81 a	0.
b Did the organization file Form 1120-POL for t	nis year?	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	····	81 Ы Х
BAA				Form <b>990</b> (2006)

orm 990 (2006) LADIES' HERMITAGE ASSOCIATION	62-0478087	Pa	age 7
Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no ch substantially less than fair rental value?	arge or at	х	
b if 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	33,221.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applica		Х	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	AND SAME SAME OF SAME	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution of tax deductible?	845	ИΥ	A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?			
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N∤.	A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organ waiver for proxy tax owed for the prior year.	37.4% 37.4%		
c Dues, assessments, and similar amounts from members	N/A		
d Section 162(e) lobbying and political expenditures	N/A		
Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.      Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A 85c	Ν	1 7x
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable esting dues allocable to nondeductible lobbying and political expenditures for the following tax year?	sate of	E a	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	10.74 (1.03 (4.74 (1.03 (4.74 (1.03)		
fine 12	N/A		
b Gross receipts, included on line 12, for public use of club facilities.  87 501(c)(12) amonimations Enter: a Cross increase for a second sec	N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).	N/A		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporat or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 ar If 'Yes,' complete Part IX	ion or partnership, id 301.7701-3?	a e	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within section 512(b)(13)? If 'Yes,' complete Part XI	the meaning of	5	х
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
section 4911 ►0_; section 4912 ►0_; section 4955 ►			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess bene during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' a explaining each transaction	fit transaction ttach a statement	ь	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
d Enter: Amount of tax on line 89¢, above, reimbursed by the organization	O.		
<ul> <li>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax st</li> <li>f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance</li> </ul>		<del>`                                       </del>	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the organization, or a fund maintained by a sponsoring organization, have excess business holdings at a the year?	supporting any time during		
the year?  90 a List the states with which a copy of this return is filed ►		gı	<u>x</u> _
b Number of employees employed in the pay period that includes March 12, 2006		.1	
(See instructions.).  91 a The books are in care of ► CAROLYN FAULKENBERRY  Telephone number ►	<u>90</u> 615-889-2941	<u>D </u>	89
Located at - 4580 RACHEL'S LANE, HERMITAGE IN	ZIP + 4 - 37076		
b At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other financial	authority over a	Yes	No X
If 'Yes,' enter the name of the foreign country	244 - 24324		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Financial Accounts.			
BAA	Fo	rm <b>990</b>	(2006)

Form 990 (2006) LADIES' HERMITAGE A	62-0478087 Page 8				
Continue Other Information	<u>d)</u>		1-11-11-11-1		Yes No
c At any time during the calendar year, did	the organizati	on maintain an office	outside of the Un	ited States?	
If 'Yes,' enter the name of the foreign country	/ <b>-</b>				1971
92 Section 4947(a)(1) nonexempt charitable	trusts filing Fo	orm 990 in lieu of Fol	<i>m 1041</i> – Check h	nere	N/A ►
and enter the amount of tax-exempt inter	est received a	r accrued during the	tax year	▶ 92	N/A
Par Will Analysis of Income-Produci	ng Activitie	es (See the instru	ictions.)		
	Unrelated	business income	Excluded by sect	tion 512, 513, or 514	
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	<b>(D)</b> Amount	(E) Related or exempt function income
93 Program service revenue:					
a ADMISSIONS AND PROGRA					1,759,775.
b CAFE AND CONCESSIONS			3	349,109.	
c					
d					
e					,
f Medicare/Medicaid payments	i				
g Fees & contracts from government agencies					
94 Membership dues and assessments.					22,535.
95 Interest on savings & temporary cash invmnts .			14	10,924.	
96 Dividends & interest from securities.	Kindi wa witawa Miri Ma	NELL LATOROWY (NAME OXIDES NO.	14	53,426.	Parille and the Police of the Section of the Sectio
97 Net rental income or (loss) from real estate:	40368698342		<u>193300455488</u>		
a debt-financed propertyb not debt-financed property				7. 000	
98 Net rental income or (loss) from pers prop			16	34,988.	
99 Other investment income.	<del></del> .		15	704	
Ţ.			15	124.	<u> </u>
100 Gain or (loss) from sales of assets other than inventory		=	18	2,666.	
101 Net income or (loss) from special events					53,131.
102 Gross profit or (loss) from sales of inventory	453220	17,553.			17,553.
103 Other revenue; a					
ь MISCELLANEOUS					14,501.
C					
d	_		1		
204 Ochtool (add ashares (D) (D) and (D)	Charles a description of	·····			
104 Subtotal (add columns (B), (D), and (E))		17,553		451,237.	1,867,495.
105 Total (add line 104, columns (B), (D), a Note: Line 105 plus line 1e, Part I, should equ	and (E))		· · · · · · · · · · · · · · · · · · ·	······ <u>*                               </u>	2,336,285.
Relationship of Activities to	ar the amount	on line 12, Part I.	omet Diverse	a /Caa tha inatuu	-A7
of the organization's exempt purpo					
ALL ALL REVENUES GENERATED	FROM AE	OVE SOURCES P	ROVIDE OPER	ATING INCOME V	WHICH IS USED
FOR PRESERVATION AND I	MAINTENAN	ICE OF THE HER	MITAGE PROP	ERTIES AND FOR	RESEARCH AND
EDUCATION RELATED TO	ANDREW JA	CKSON.			
SOCIETIES INC.		** *			
Information Regarding Tax		· · · · · · · · · · · · · · · · · · ·			
(A)	(B)	}	c)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage ownership int		f activities	Total income	End-of-year assets
N/A		els .			
		<b>୍ଦ</b>			
a y my sales.		%			
Mark School School	<u> </u>	8			
Raic X Information Regarding Tra					
a Did the organization, during the year, receive any fu					
<b>b</b> Did the organization, during the year, pa			on a personal ben	efit contract?	Xes X No
Note: If 'Yes' to (b), file Form 8870 and Fo	orm 4720 (see	instructions).			

onder seems black lung benefit trust of prison

yours if selfemployed), address, and ZIP + 4

3310 WEST END AVENUE,

TN 37203

NASHVILLE,

Use

Only

BAA

Form **990** (2006)

N/A

**►** (615)

383-6592

STE. 550

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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. OMB No. 3.545-0047

2006

Name of the organization	1		Employer identification	number
LADIES' HERMITAGE ASSOCIATION		62-0478087		
Compensation of the Five High (See instructions. List each one	nest Paid Employees Otles. If there are none, ente	ner Than Officers	, Directors, and	d Trustees
(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	····	<del>-</del>		
		_		
	<u> </u>			
	·			
Total number of other employees paid over \$50,000		0		
Compensation of the Five Hig (See instructions, List each on	hest Paid Independent C e (whether individuals or	ontractors for P	rofessional Ser re none, enter	vices 'None.')
(a) Name and address of each independent contra			of service	(c) Compensation
NONE				
				-
· · ·		- <del> </del>		
	<u> </u>			
Total number of others receiving over \$50,000 for professional services		0		
Compensation of the Five Hig (List each contractor who perfor firms. If there are none, enter	ormed services other that	n professional se	ther Services rvices, whether	individuals or
(a) Name and address of each independent contra	actor paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
BLUEGRASS CARRIAGE WORKS 1011 DRURY LANE LAWRENCENBURG, KY	40342	- COMPRACE TA	**************************************	100 000
1011 DIONI HAND EMMERCENDURG, KI	40342	CONTRACT LA	BOR	102,609.
	- Lilli	1	n <del></del>	
Total number of other contractors receiving over \$50,000 for other services		o		
BAA For Paperwork Reduction Act Notice see the b	activistians for Form 000 and	000 =7	Color I I A 6	

Schedule A (Form 990 or 990-EZ) 2006 LADIES' HERMITAGE ASSOCIATION 62-0478	087	F	age 2
Statements About Activities (See instructions.)	•		No
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 \(\begin{align*} \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			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
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 artaxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or princip beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	iy al		
SEE STATEMENT 18			
a Sale, exchange, or leasing of property?	2a	ı	Х
b Lending of money or other extension of credit?			х
c Furnishing of goods, services, or facilities?	ء ذ	X	ĺ
SEE FORM 990, PART V		-^	╫
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	20	X	
e Transfer of any part of its income or assets?	20		Х
3a 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.)			х
b Did the organization have a section 403(b) annuity plan for its employees?	3£	,	x
c 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	30		Х
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?			X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.			,
		a	X_
b Did the organization make any taxable distributions under section 4966?	41	b N	I/A
с Did the organization make a distribution to a donor, donor advisor, or related person?	4	s N	ĮΑ
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 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
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►			0.

che	dule A (Form 990 or 990-EZ) 2006 L	ADIES HERMITAGE	ASSOCIATION	•••	62-04780	87 Page 3
を消	Reason for Non-Private	Foundation Status (S	ee instructions.)			- I <del>-</del>
cert	ify that the organization is not a private	foundation because it is: (	Please check only ONE app	olicable box	.)	
5	A church, convention of churches,	or association of churches.	Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii).	(Also complete Part V.)				
7	A hospital or a cooperative hospital	l service organization. Sec	tion 170(b)(1)(A)(iii).			
8	A federal, state, or local governme	nt or governmental unit. So	ection 170(b)(1)(A)(v).			
9	A medical research organization of and state	perated in conjunction with		1)(A)(iii). <b>E</b> i	nter the hospita	al's name, city,
10	An organization operated for the b (Also complete the Support Scheo	enefit of a college or unive lule in Part IV-A.)	rsity owned or operated by	a governme	ental unit. Secti	on 170(b)(1)(A)(iv).
11 a	X An organization that normally rece Section 170(b)(1)(A)(vi). (Also con	ives a substantial part of it iplete the <b>Support Schedu</b>	s support from a governme le in Part IV-A.)	ntal unit or	from the genera	al public.
11 Ь	A community trust. Section 170(b)	(T)(A)(vi). (Also complete t	he <b>Support Schedule</b> in Pa	ırt IV-A.)		
12	An organization that normally rece from activities related to its charita from gross investment income and organization after June 30, 1975.	ives: <b>(1) more than 33-1/3%</b> ble, etc, functions — subje unrelated business taxabl See section 509(a)(2). (Also	6 of its support from contrib ct to certain exceptions, an e income (less section 511 o complete the Support Sci	outions, mer d <b>(2) no mo</b> tax) from be hedule in Pa	mbership fees, ore than 33-1/39 usinesses acqu art IV-A.)	and gross receipts 6 of its support ired by the
13	An organization that is not controll requirements of section 509(a)(3).					
	Type I Type Ii	Type III-Function	onally Integrated	Type III	-Other	
			out the supported organiz			
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	d)  upported  upporting  tation's  rning  nents?	(e) Amount of support
			·····	Yes	No	
					_	
						1
	· · · · · · · · · · · · · · · · · · ·	11-	.,			
	,					
otal		<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.
7.4						<u></u>
14 3AA	An organization organized and ope	erated to test for public saf	ety. Section 509(a)(4). (Se			990 or 990-EZ) 2006

ocne	dule A (Form 990 of 990-EZ) 2000	LADIES HER	MITAGE ASSOCI	ATION	<u>62-047808</u>	7 Page <b>4</b>
eata Note:	Support Schedule (C You may use the worksheet in the	Complete only if you of the instructions for con-	hecked a box on line verting from the accru	10, 11, or 12.) <i>Use c</i> ual to the cash metho	ash method of accou d of accounting.	nting.
Caler begir	ndar year (or fiscal year nning in)	<b>(a)</b> 2005	<b>(b)</b> 2004	(c) 2003	<b>(d)</b> 2002	<b>(e)</b> Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	645,731.	907,488.	563,353.	277,748.	2,394,320.
16		33,131.	23,470.	22,235.	25,170.	104,006.
17	merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.	2,030,437.	1,909,601.	1,977,225.	1,825,504.	7,742,767.
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.	68,961.	90,886.	82,686.	57,480.	300,013.
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 governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE, STMT, 19	12,225.	11,723.	5,438.	5,897.	
23	Total of lines 15 through 22	2,790,485.	2,943,168.			35,283. 10,576,389.
24	Line 23 minus line 17		1,033,567.	673,712.		2,833,622.
25	Enter 1% of line 23		29,432.	26,509.	21,918.	
26	Organizations described on line		er 2% of amount in c			56,672.
t	Prepare a list for your records to show th supported organization) whose total gifts return. Enter the total of all these excess	e name of and amount contr for 2002 through 2005 excee amounts	ibuted by each person (oth ded the amount shown in F	er than a governmental uni ine 26a. Do not file this lis	it or publicly st with your 26 b	193,328.
C	: Total support for section 509(a)(	(1) test: Enter line 24,	column (e),		126c	2,833,622.
ď	Add: Amounts from column (e) f	for lines: 18	300,013.	19	1330	
e	Public support (line 26c minus li	ine 26d total)	33,203.	200195,3	328. 26d	
f	Public support percentage (line	26c (numerator) divid	led by line 26c (deno	minator))		81.34 %
27	Organizations described on line For amounts included in lines 15 name of, and total amounts rece such amounts for each year: (2005)	e 12: N/A 5, 16, and 17 that were eived in each year fron	e received from a 'dis n, each 'disqualified p	qualified person,' pre person.' <b>Do not file t</b> h	epare a list for your re nis list with your retu	ecords to show the rn. Enter the sum of
,	For any amount included in line to show the name of, and amou \$5,000. (Include in the list organ After computing the difference buffferences (the expess amount)	17 that was received to nt received for each yo nizations described in local to the amount re	from each person (ot ear, that was more th lines 5 through 11b, a ceived and the large	her than 'disqualified lan the <b>larger</b> of <b>(1)</b> th as well as individuals r amount described in	persons'), prepare a he amount on line 25 .) <b>Do not file this list</b> 1 (1) or (2), enter the	list for your records for the year or (2) with your return. sum of these
	(2005)	_ (2004)	(2003) _		_ (2002)	
•	(2005) tAdd: Amounts from column (e) to 17 tAdd: Line 27a total	tor lines: 15		16 <u> </u>		1
	17 Add: Line 27a total	20	ad line 27b total	21	27 0	<u>,</u>
•	Public support (line 27c total mi	nus line 27d total)	id line 270 total . , , , ,		≥ 270	
f	Total support for section 509(a)	(2) test: Enter amount	from line 23, column	(c) ► 27f	2/6	
9	J Public support percentage (line	: 27¢ (numerator) divid	ded by line 27f (deno	minator))	►   27 g	
	ı Investment inco <u>me percentage</u>	(line 18, column (e) (n	umerator) divided by	y line 27f (denominal	lor))	용
28	Unusual Grants: For an organiz list for your records to show, for nature of the grant. Do not file t	ation described in line each year, the name this list with your retur	10, 11, or 12 that re of the contributor, the rn. Do not include the	ceived any unusual g e date and amount o ese grants in line 15	rants during 2002 thr I the grant, and a brid	rough 2005, prepare a of description of the
		Jour rulu	TOURINGE LIN	3 10 to 1116 to.		

che	edule A (Form 990 or 990-EZ) 2006 LADIES' HERMITAGE ASSOCIATION	62-0478087	F	age 5
de la	Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/1		
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, other governing instrument, or in a resolution of its governing body?		Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	brochures,		
37	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast mediathe period of solicitation for students, or during the registration period if it has no solicitation program, in makes the policy known to all parts of the general community it serves?	Terro5636		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
20		<b></b>		
ŧ	Does the organization maintain the following:  a Records indicating the racial composition of the student body, faculty, and administrative staff?	32	a	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		ь	_
	<ul> <li>Copies of all catalogues, brochures, announcements, and other written communications to the public deal with student admissions, programs, and scholarships?</li> <li>d Copies of all material used by the organization or on its behalf to solicit contributions?</li> </ul>			<u> </u>
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate state	tement.)		
33	The state of the s			
	a Students' rights or privileges?		3a	
	b Admissions policies?			
	d Scholarships or other financial assistance?		3c	
	d Scholarships or other financial assistance?		3d	
	f Use of facilities?			
	g Athletic programs?			
	h Other extracurricular activities?		3h	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate st	635. (1)		
		<b></b>		
34	a Does the organization receive any financial aid or assistance from a governmental agency?		4a	
	b Has the organization's right to such aid ever been revoked or suspended?	3	4b	
35	sections 4.01 through 4.05 of Pour Prog 76 FO 1075 2.0 D 507			
	nondiscrimination: B No, attach an explanation	3	5	

Sche	dule A (Form 990 or 990	<u>EZ) 2006 LADIES '</u>	HERMITAGE ASS	OCIATION		52-04	1780	87 'Page <b>6</b>
Pen	Lobbying Ex (To be complete			es (See instructions. orm 5768)	)			N/A
Chec	k ► a if the organiz	ation belongs to an affil	iated group. Check	► b if you checl				l' provisions apply.
		imits on Lobbying l 'expenditures' means ar	•	48	(a) Affiliated tota	group ls		(b) To be completed for all electing
70				•				organizations
36 37	Total lobbying expenditu	ires to influence public o	ppinion (grassroots lob)	bying)				
38	Total lobbying expenditu	res to influence a legisl	ative body (direct lobb)	/ing)			$\rightarrow$	
39	Total lobbying expenditu	ares (add lines 56 and 3	/)				$\rightarrow$	
40	Other exempt purpose e	xpenditures (odd lines 2	0 30\		<u> </u>		$\rightarrow$	
41	Lobbying nontaxable an	xpenditores (add lines 5	s and 39),		28/40/28/00 <del>/</del> 4/200	o alice selle	75277453	VN 400 SEACHAING FOR SVID FOR A 4850 NESS SVID.
٦.	If the amount on line 40		obbying nontaxable at					
	Not over \$500,000		obbying nomaxable at	nount is —	Barilla (Salahara)	¥ , , , , , , ,		
	Over \$500,000 but not over \$1,							
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 - 41							are writed as the following the engaging
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000							ki ja vienė eragensio Tra
	Over \$17,000,000	\$1,00	00,000					
42	Grassroots nontaxable a	amount (enter 25% of tir	ne 41)	42				
43	Subtract line 42 from lin	ie 36. Enter -0- if line 42	2 is more than line 36.	43				
44	Subtract line 41 from lin	ne 38. Enter -0- if line 41	l is more than line 38.	44				
	Caution: If there is an a	amount on either line 43	or line 44, you must fi	le Form 4720.		7.		
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  See the instructions for lines 45 through 50.)								
			Lobbying Expend	litures During 4 -Year	r Averaging P	eriod		-
	Calendar year (or fiscal year beginning in) F	(a) 2006	<b>(b)</b> 2005	(c) 2004	20			<b>(e)</b> Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots non- taxable amount		Nova Alexandra de la composition de la	v 20-lean (d. 1914) - The Company of		arene er eneve		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.)  N/A								
atter	ng the year, did the orga npt to influence public of	pinion on a legislative m	latter or referendum, th	rough the use of:		Yes	No	Amount
ē	Volunteers			*****	, , , , , , , , , , , , ,			
ł	Paid staff or manageme	ent (Include compensation	on in expenses report∈	d on lines c through	h.)			
•	: Media advertisements .							
•	d Mailings to members, le	egislators, or the public						
4	Publications, or publish	ed or proadcast stateme	ents					
,	Grants to other organizations of the Grants to Other Organization (Contract with Legis	ations for lobbying purpolations that	oses		, , , , . , ,	$\vdash$		
2 F	g Direct contact with legis nRallies, demonstrations	seminare conventions	sometic officials, of a l	egisiative body	, . ,	$\vdash$		
i	Total lobbying expendit	ures (add lines a through	, speeches, lectures, o N.N.	r any other means		300000		
•	If 'Yes' to any of the above	ve. also attach a statemer	nt oiving a detailed descr	intion of the lebbuing a	activities	200	73. VOA	
ВАА		_, determine	a printing or described descri	ANOTH OF THE HODDYING S		edule A	(For	m 990 or 990-EZ) 2000

Schedule A	(Form 990 or 990-EZ) 20	006 LADI	ES' HER	MITAGE ASSOCI	ATION	62-047	8087	Page <b>7</b>
	Information Regard Exempt Organization	ling Trans ons (See i	fers To a	nd Transactions	and Relatio	nships With Noncha	ritable	
51 Did the	e reporting organization Code (other than section	directly or in 1501(c)(3) o	directly eng	age in any of the folks) or in section 527, r	wing with any	other organization description descriptions?	bed in section	n 501(¢)
<b>a</b> Transf	ers from the reporting or	rganization to	a nonchai	itable exempt organiz	zation of:	TO THE STATE OF TH		Yes No
<b>(i)</b> Ca	ash,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,,,,,,,,,,,,		. 51 a (i)	X
(ii)Ot	ther assets	,,,,,,,,,,		,,,			. a (ii)	X
<b>b</b> Other	transactions:							
<b>(i)</b> Sa	ales or exchanges of ass	ets with a no	oncharitable	exempt organization			. b(i)	X
(ii)Pu	irchases of assets from	a noncharital	ble exempt	organization			. <b>b</b> (ii)	X
(iii)Re	ental of facilities, equipm	ient, or other	assets				b (iii)	X
(iv)Re	simbursement arrangeme	ents					. <u>b (iv)</u>	X
(V)L0	ans or Ioan guarantees .			***************************************	• • • • • • • • • • • • • • • • • • • •		Ь(v)	X
(VI)Pe	errormance of services o	r membershi	p or fundra	ising solicitations			b (vi)	X
<b>d</b> If the :	ig of facilities, equipmen answer to any of the ⇒bo	it, mailing lis	ts, other as	sets, or paid employe	es	and above the first	<u>c</u>	X
the go any tr	ods, other assets, or sei ansaction or sharing arra	rvices given angement, sl	by the repo now in colu	rting organization, If ( nn (d) the value of th	Column (b) şi the organizatio e goods, other	nould always show the fair in received less than fair assets, or services recei	r market value market value ved:	in e ot
(a) Line no.	<b>(b)</b> Amount involved		(	(c) le exempt organizatio		(d) ition of transfers, transactions, a		-
N/A			•		-	·,		J
					•••			
		_	• •					
					-			
						"-		
			·					
		<u> </u>		-				
	<u> </u>			I-III				
						<del></del> .		
				,				
	· <del></del> -	<del>-</del>					-	
GCSCII	organization directly or ibed in section 501(c) of s,' complete the following	the Code (o	iliated with, ther than se	ection 501(c)(3)) or in	more tax-exer section 527?.			s X No
	(a) Name of organization		Тур	(b) be of organization		(c) Description of rela	tionship	
N/A				mr.				
							•••	
		-	·					
				<del></del> -	<u> </u>			
	, <u> </u>		-			***		
					•			
	"	<del></del> -				11111		
	Laura			<b>"</b> · · ·			<u> </u>	
				, <u>, , , , , , , , , , , , , , , , , , </u>		· · · · · ·		
			-	· •m•		1 188.8772		
					-			
	-	. "	_	•••	· · · · · · · · · · · · · · · · · · ·			
BAA						Schedule A (F	orm 990 or 91	00.E <b>7</b> \ 200

2006	FEDERAL STATEMENTS	PAGE 1
	LADIES' HERMITAGE ASSOCIATION	62-0478087
STATEMENT 1 FORM 990, PART I, LINE 7 OTHER INVESTMENT INCOME	***************************************	TOTAL \$ 124.
STATEMENT 2 FORM 990, PART I, LINE 8 NET GAIN (LOSS) FROM NON	NVENTORY SALES	, <u></u>
PUBLICLY TRADED SECURITY	<u></u>	
GROSS SALES PRICE: COST OR OTHER BASIS:	59,980. 57,314.	
	TOTAL GAIN (LOSS) PUBLICLY TRADED	SECURITIES \$ 2,666.
	TOTAL NET GAIN (LOSS) FROM NONINVE	
STATEMENT 3 FORM 990, PART I, LINE 9 NET INCOME (LOSS) FROM S	LESS	LESS NET
SPECIAL EVENTS	GROSS CONTRI- GROSS <u>RECEIPIS BUTIONS REVENUE</u>	DIRECT INCOME (LOSS)
DINNER & DOVE SHOOT	OTAL $\frac{113,705}{\$ 113,705}$ . $\frac{10,810}{\$ 10,810}$ . $\frac{102,89}{\$ 102,89}$	5. 49,764. 53,131. 5. 49,764. 53,131.
STATEMENT 4 FORM 990, PART I, LINE 10 GROSS PROFIT (LOSS) FROM	SALES OF INVENTORY	
MUSEUM SALES-RELATED MUSEUM SALES-UNRELATED		\$ 390,212\$ 390,211.
GROSS SALESLESS RETURNS & ALLOWANC	'S	\$ 780,423. 0.
GROSS PROFIT FROM SALES	OF INVENTORY	\$ 3 <u>5,106.</u>
	•	

## 2006 FEDERAL STATEMENTS

PAGE 2

LADIES' HERMITAGE ASSOCIATION

62-0478087

STATEMENT 5 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS.....

TOTAL \$ 48,288.

#### STATEMENT 6 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT <u>&amp; GENERAL</u>	<u>FUNDRAISING</u>
ACTUARIAL	1,516.		1,516.	
ARCHAEOLOGY	1,784.	1,784.		
BAD_DEBTS	28,698.		28,698.	
BOOKS	1,137.	776.	361.	
CAFE AND CONCESSIONS	137,315.	137,315.		
COMPUTER	20,818.	11,066.	2,991.	6,761.
CREDIT CARD & BANK FEES	42,426.	42,426.		-,
DECORATIONS & COLLECTIONS	300.	300.		
INSURANCE	130,689.	119,649.	10,793.	247.
INVESTMENT EXPENSE	5,523.	,	5,523.	··
MARKETING & PUBLIC RELATIONS	2,878.	122.	2,756.	İ
MEMBERSHIPS	16,059.	5,353.	5,353.	5,353.
MERCHANDISE	325,105.	325,105.	0,000.	0,000.
MISCELLANEOUS	27,004.	6,693.	20,311.	;
MUSEUM STORE DIRECT EXPENSE	-475,557.	-475,557.	20,041.	
MUSEUM STORE/RENT ALLOC. EXP	-269,760.	-139,009.	-160,996.	30,245.
OUTSIDE LABOR & CONSULTING	39,946.	39,584.	347.	15.
PRESERVATION & MAINT - BLDGS	35,854.	35,651.	194.	9.
PRESERVATION & MAINT - GROUNDS	29,820.	29,549.	259.	12.
PUBLIC PROGRAMS	61,235.	42,932.	18,303.	14.
SECURITY	5,374.	5,374.	10,505.	
SUBSCRIPTIONS	1,351.	424.	821.	106.
UTILITIES	167,523.	167,523.	021.	100.
VISITOR SERVICES	4,642.	4,642.		
TOTAL		\$ 361,702.	\$ -62,770.	\$ 42,748.
- V - W - W	<del>y 541,000.</del>	<u>v JOZ, 102.</u>	<del>4</del> 32,770.	<u>v 42,740.</u>

STATEMENT 7 FORM 990 , PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

OPERATION, EXHIBITION, INTERPRETATION, MAINTENANCE, AND PRESERVATION OF THE HERMITAGE, HOME OF PRESIDENT ANDREW JACKSON

#### 2006 FEDERAL STATEMENTS PAGE 3 LADIES' HERMITAGE ASSOCIATION 62-0478087 **STATEMENT 8** FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS PROGRAM GRANTS AND SERVICE DESCRIPTION ALLOCATIONS EXPENSES THE HERMITAGE IS THE HOME AND FARM OF PRESIDENT ANDREW JACKSON AND HERO OF THE BATTLE OF NEW ORLEANS DURING THE WAR OF 1812. THE 1,120-ACRE NATIONAL HISTORIC LANDMARK SITE INCLUDES JACKSON'S ENTIRE TENNESSEE ANTEBELLUM COTTON PLANTATION AS WELL AS NUMEROUS ARCHITECTURAL AND ARCHAEOLOGICAL TREASURES. IN ORDER TO PRESERVE THE HERMITAGE, A GROUP OF WOMEN FOUNDED THE LADIES' HERMITAGE ASSOCIATION (LHA) IN 1889. THE LHA QUICKLY BEGAN RESTORING THE HISTORIC BUILDINGS AND GROUNDS AND OPENED THE HERMITAGE TO THE PUBLIC CREATING THE FIRST HISTORIC SITE MUSEUM IN TENNESSEE AND ONE OF THE FIRST IN THE UNITED STATES. THE LHA CONTINUES THE PRESERVATION THAT BEGAN OVER ONE-HUNDRED YEARS AGO AND HAS BEEN VISITED BY MORE THAN 20 MILLION PEOPLE FROM AROUND THE WORLD. THE HERMITAGE IS ONE OF THE NATION'S MOST SIGNIFICANT SITES FOR TEACHING ABOUT THE PERIOD OF AMERICAN HISTORY BETWEEN THE FOUNDING FATHERS AND THE CIVIL WAR. 2,282,958. INCLUDES FOREIGN GRANTS: NO 0. \$2,282,958. **STATEMENT 9** FORM 990, PART IV, LINE 54A **INVESTMENTS - PUBLICLY TRADED SECURITIES** VALUATION CORPORATE STOCKS METHOD AMOUNT CORPORATE STOCKS MARKET VALUE ŝ 514,560. TOTAL S 514,560. VALUATION CORPORATE BONDS METHOD AMOUNT CORPORATE BONDS MARKET VALUE 349,391. TOTAL \$ 349,391. PUBLICLY TRADED SECURITIES \$ 863,951.

2006 F	EDERAL STA	TEMENTS		PAGE 4
LA	DIES' HERMITAGE	ASSOCIATION		62-0478087
STATEMENT 10 FORM 990, PART IV, LINE 56 INVESTMENTS - OTHER  DESCRIPTION OF INVENTED NAME OF THE MASTER NOTE	ESTMENT	VALUATIO METHOD MARKET VALUE		BOOK VALUE 824. 824.
STATEMENT 11 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT				
CATEGORY		BASIS DE	CCUM.	BOOK VALUE
MACHINERY AND EQUIPMENT BUILDINGS IMPROVEMENTS LAND MISCELLANEOUS	total <u>s</u>	1,006,919. \$ 8,200,637. 4, 568,721. 683,467. 762,327.	878,120. \$ 086,876. 347,310.  7,000. 319,306. \$	•
STATEMENT 12 FORM 990, PART IV, LINE 58 OTHER ASSETS BENEFICIAL INTERST IN TRUST CONSTRUCTION IN PROGRESS			s TOTAL	84,781.
STATEMENT 13 FORM 990, PART IV, LINE 65 OTHER LIABILITIES		,		
ACCRUED COMPENSATIONOTHER CURRENT LIABILITIES			TOTAL §	12,882.
STATEMENT 14 FORM 990, PART IV-A, LINE B(4) OTHER AMOUNTS				
LINE 10B - COST OF GOODS SOLD LINE 9B - SPECIAL EVENT EXPEN	OISES	•••••••••••••••••••••••••••••••••••••••	TOTAL	745,317. 49,764. 795,081.

2006 FE	EDERAL STATEMEN	TS		PAGE 5
LAD	DIES' HERMITAGE ASSOCIA	TION		62-0478087
STATEMENT 15 FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS LINE 10B - COST OF GOODS SOLD LINE 9B - SPECIAL EVENT EXPENSE	ES		\$ <u>\$</u>	745,317. 49,764. 795,081.
STATEMENT 16 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRU	STEES, AND KEY EMPLOYE	ŒS	CONTRI-	EXPENSE
NAME AND ADDRESS	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	BUTION TO EBP & DC	ACCOUNT/
PATRICIA LEACH HERMITAGE, TN	EXECUTIVE DIREC \$		\$ 12,437.	
PAULA M. HANKINS HERMIATGE, TN	DIR MARKETING 40	43,000.	14,134.	0.
JOHN H. LEACH HERMITAGE, TN	DIR SITE OPERAT 40	46,357.	5,922.	0.
MARSHA MULLIN NASHVILLE, TN	DIR MUSEUM SVC 40	55,025.	6,268.	0.
BRENT YOUNG HERMITAGE, TN	DIR DEVELOPMENT 40	22,245.	1,695.	0.
CAROLYN D. FAULKENBERRY MT. JULIET, TN	DIR FINANCE 40	45,688.	12,173.	0.
MRS. DON BARRETT LEXINGTON, MS	BOARD MEMBER 1	0.	0.	0.
AMY LEE BELL NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
RAY BELL BRENTWOOD, TN	BOARD MEMBER 1	0.	0.	0
DEANN BRADFORD HERMITAGE, TN	SECRETARY 5	0.	0.	0

006	FEDERAL STA	TEME	NTS			PAGE
	LADIES' HERMITAGE	: ASSOCI	ATION			62-047808
STATEMENT 16 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS,	, TRUSTEES, AND KEY	EMPLOY	(EES			
NAME AND ADDRESS	TITLE A AVERAGE I PER WEEK D	HOURS		IPEN- TION	CONTRI- BUTION TO _EBP_& DC	EXPENSE ACCOUNT/ OTHER
MRS. MARY CLEMENT	'	MEMBER		0.		
NASHVILLE, TN		1				
MARTHA COOPER	BOARD	MEMBER		0.	0.	(
NASHVILLE, IN		1				
RICHARD G. COWART		REGENT	•	0.	0.	(
NASHVILLE, TN		10				
ALBERTA DOOCHIN	BOARD	MEMBER		0.	0.	ı
NASHVILLE, TN		1				
MELANIE A. FLY	BOARD	MEMBER		0.	0.	
NASHVILLE, TN		1				
MRS. SANDRA FULTON	BOARD	MEMBER		0.	0.	
NASHVILLE, TN		1				
RONALD BEAVER	DIR	FINANCE		25,048.	6,207.	
NASHVILLE, IN		40				
RUTH E. JOHNSON	BOARD	MEMBER		0.	0.	
NASHVILLE, TN		1				
SARAH KNESTRICK	BOARD	MEMBER		0.	0.	
NASHVILLE, TN		1				
MARY BEASLEY MCCULLOUGH	BOARD	MEMBER		0.	0.	
LEBANON, TN		1				
WILLIAM E. MCDONALD	TR	EASURER		0.	٥.	
NASHVILLE, TN		2				
JUDGE GEORGE PAINE	BOARD	MEMBER		0.	0.	
NASHVILLE, TN		1				

2006 **FEDERAL STATEMENTS** 

PAGE 7

LADIES' HERMITAGE ASSOCIATION

62-0478087

STATEMENT 16 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PHIL PONDER	BOARD MEMBER			***************************************
HERMITAGE, TN	1			
CAROL ROCHFORD	VICE-REGENT	0.	0.	0.
NASHVILLE, TN	5			
ANNE L. RUSSELL	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			**
CYNTHIA SPENGLER	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			J. 1
CATHY THOMAS	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			<b>.</b>
MR. BRECK WALKER	BOARD MEMBER	0.	0.	O.
NASHVILLE, TN	1	<del></del>		<b>U</b> .
CARYLON A. BAKER	BOARD MEMBER	0.	0.	0.
MADISON, TN	, 1	**	<b>U.</b>	u, i
ROBBIE JONES	DIR PRESERVAT.	41,200.	5,716.	0.
NASHVILLE, TN	40	11,200.	3,110.	0.
JAY W. HOWARD JR.	DEVELOPMENT	16,250.	3,104.	0.
NASHVILLE, TN	40	20,2001	3,104.	0.
	TOTAL	\$ 410,046.	<u>\$ 67,656.</u>	\$ 0.

STATEMENT 17 FORM 990, PART V-A, LINE 75B COMPENSATION PAID TO RELATED INDIVIDUALS

NAME AND RELATIONSHIP

PATRICIA M. LEACH PATRICIA IS THE EXECUTIVE DIRECTOR AND SPOUSE OF JOHN H. LEACH, DIRECTOR OF SITE OPERATIONS.

2006

### **FEDERAL STATEMENTS**

PAGE 8

LADIES' HERMITAGE ASSOCIATION

62-0478087

STATEMENT 18
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

LINE 2C: ONE BOARD MEMBER'S SPOUSE IS PART OWNER OF A COMPANY THAT PROVIDES A MINIMAL AMOUNT OF PAPER GOODS TO LADIES' HERMITAGE ASSOCIATION. ALL PRODUCTS ARE ACQUIRED AT NO MORE THAN FAIR MARKET VALUE THROUGH AN ARM'S LENGTH TRANSACTION.

#### STATEMENT 19 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		(A) 2005	(B) 2004_	(C) 2003	<u>(D)</u> 2002	(E) TOTAL
OTHER INCOME	\$	12,225.		\$ 5,438.	\$ 5,897.	\$ 35,283.
	TOTAL 🕏	12,225.	\$ 11 <u>,723.</u>	\$ 5,438.	\$ 5,897.	\$ 35,283.

Ladies Hermitage Association Expense Allocation Worksheet 6/30/07

EIN 62-0478087 ATTACHMENT TO FORM 990

Input amounts in highlighted fields:

						Program .	Program Activities	
	Maintenance & Operations	Marketing	Admin & General	Fundraising Development	Museum t Store	Café	Admission Activities	TOTAL
Allocation Data: Square Footage Admissions and Sales			7,108	1,912	2 5.196 780,423	5,196	49.366 1.759.775	68,778 2,889,307
Allocations: Total Expenses Allocation of Maint & Oper (based on sq ft) Allocation of Marketing (based on adm & sales)	521,684 (521,684)	315,040	724,387 53,914	50,533 14,503	3 475,557 3 39,412 85,095	137,345 39,412 38,066	7769.058 374,443 191,880	3,993,574
Subtotal After First Allocation Allocation of Admin & Gen (based on subtotals)		, ,	778,301	65,036 15,743	5 600,063 3 145,254	214,793 51,994	2,335,381 565,311	3,993,574
Total After Second Allocation			,	80,778	3 745,317	266,786	266,786 2,900,692	3,993,574
					line 10b			

# Summary of Allocation:

•	ı	
14,503 124,506	15,743 145,254	
14,503	15,743	30,245
Allocated Expenses - Illist allocation (Form 990, Part II, line 43, Museum Allocation Expense, column B)	Allocated Expenses - second allocation (Form 990, Part II, line 43, Museum Allocation Expense, column C)	Total Fundraising Allocation (Form 990, Part II, line 43, Museum Allocation Expense, column D)

139,009

160,996

Total Allocation to Museum Store (Form 990, included in Part I, Line10(b))

Total Altocation to Restaurant Lease (Form 990, Part I, line 6b)