

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

2006Open to Public
Inspection**A** For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007****B** Check if applicable:

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

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

C Name of organization**TENNESSEE REPERTORY THEATRE, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

161 RAINS AVENUE

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37203**D** Employer identification number**62-1811578****E** Telephone number**615-244-4878****F** Accounting method:☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **WWW.TENNESSEEREPI.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**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 ▶ **1,135,645.****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	695,973.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d	110,431.	
	e Total (add lines 1a through 1d) (cash \$ 806,404. noncash \$)	1e	806,404.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	261,252.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		
	6 a Gross rents SEE STATEMENT 2	6a	17,044.	
	b Less: rental expenses SEE STATEMENT 3	6b	16,226.	
c Net rental income or (loss). Subtract line 6b from line 6a	6c	818.		
7 Other investment income (describe)	7			
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a	8b	
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ 11,200. of contributions reported on line 1b)	9a	50,945.	
	b Less: direct expenses other than fundraising expenses	9b	26,686.	
	c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 4	9c	24,259.	
	10 a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,092,733.		
Net Assets	13 Program services (from line 44, column (B))	13	817,942.	
	14 Management and general (from line 44, column (C))	14	139,000.	
	15 Fundraising (from line 44, column (D))	15	90,637.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17	1,047,579.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	45,154.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<98,287.>		
20 Other changes in net assets or fund balances (attach explanation)	20	0.		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	<53,133.>		

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	125,152.	84,735.	22,112.	18,305.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	310,021.	209,746.	54,576.	45,699.
27 Pension plan contributions not included on lines 25a, b, and c	1,942.	1,328.	360.	254.
28 Employee benefits not included on lines 25a - 27	65,997.	45,132.	12,218.	8,647.
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	2,424.	1,609.	485.	330.
34 Telephone	11,719.	8,048.	2,426.	1,245.
35 Postage and shipping	1,108.	735.	222.	151.
36 Occupancy	69,084.	45,847.	13,817.	9,420.
37 Equipment rental and maintenance	10,970.	8,843.	1,265.	862.
38 Printing and publications	223.	223.		
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	8,749.	5,806.	1,750.	1,193.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	440,190.	405,890.	29,769.	4,531.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,047,579.	817,942.	139,000.	90,637.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 7		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	THEATRE PRODUCTIONS (FULLY MOUNTED PROFESSIONAL PRODUCTIONS) - 2006-07 SEASON (22ND): THREE DAYS OF RAIN, JACOB MARLEY'S CHRISTMAS CAROL, SPEED-THE-PLOW, INTIMATE APPAREL, I HATE HAMLET. TOTAL ATTENDANCE: APPROXIMATELY 20,000. ALL RECEIVED POSITIVE RESPONSES FROM CRITICS AND AUDIENCES. ALSO PRESENTED READING OF A NEWLY REVISED PLAY, GHOSTLIGHT.	811,397.
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b	SEE STATEMENT 6	6,545.
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	817,942.

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.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	53,520.	45	32,971.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable 47a 98,642.			
	b Less: allowance for doubtful accounts 47b	43,590.	47c	98,642.
	48 a Pledges receivable 48a 1,610.			
	b Less: allowance for doubtful accounts 48b	15,200.	48c	1,610.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	15,065.	53	24,875.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis 55a			
	b Less: accumulated depreciation 55b		55c	
	56 Investments - other		56	
57 a Land, buildings, and equipment: basis 57a 58,155.				
b Less: accumulated depreciation 57b 43,309.	20,961.	57c	14,846.	
58 Other assets, including program-related investments (describe OTHER ASSETS)		58	4,200.	
59 Total assets (must equal line 74). Add lines 45 through 58	148,336.	59	177,144.	
Liabilities	60 Accounts payable and accrued expenses	86,623.	60	131,277.
	61 Grants payable		61	
	62 Deferred revenue		62	9,000.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 8	160,000.	64b	90,000.
	65 Other liabilities (describe STMT 8)		65	0.
66 Total liabilities. Add lines 60 through 65	246,623.	66	230,277.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	<117,087.>	67	<54,633.>
	68 Temporarily restricted	18,800.	68	1,500.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	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)	<98,287.>	73	<53,133.>
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	148,336.	74	177,144.	

Form 990 (2006)

Part IV-A

Part IV-B

2 Total exr

Part V-A

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Form **990** (2006)

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
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Yes	No
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75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	25		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other		
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI	Other Information <i>(See the instructions.)</i>
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	Yes	No
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76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization N/A			
	_____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.)	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
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.) 82b 17,500.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
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 organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
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 estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a 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.) 87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a X		
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X		
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 0. 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b 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 89c, above, reimbursed by the organization 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X		
90 a	List the states with which a copy of this return is filed TN		
b	Number of employees employed in the pay period that includes March 12, 2006 90b 29		
91 a	The books are in care of WENDY ROBERTS Telephone no. 615-349-3221 Located at 161 RAINS AVENUE, NASHVILLE, TN ZIP + 4 37203		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Form 990 (2006)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A****Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TICKET SALES					257,560.
b OTHER PROG SERV INCOME					3,692.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property	900002	818.			
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					24,259.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		818.		0.	285,511.
105 Total (add line 104, columns (B), (D), and (E))					286,329.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	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).
93A-	THE INCOME DERIVED FROM TICKET SALES AND OTHER MISCELLANEOUS
93B	ACTIVITIES IS USED TO FUND THE COST OF THEATRE PRODUCTIONS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form 990 (2006)

TENNESSEE REPERTORY THEATRE, INC.

62-1811578

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

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

Please Sign Here: *Rene D. Copeland* Signature of officer Date 10/16/07

RENE D. COPELAND, PRODUCING ARTISTIC DIRECTOR Type or print name and title

Paid Preparer's Use Only: Preparer's signature *Karl Hamel* Date 10/15/07 Check if self-employed ☒ Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP+4 KRAFTCPAS PLLC
555 GREAT CIRCLE ROAD, SUITE 200
NASHVILLE, TN 37228-1310

EIN Phone no. (615) 242-7351

Form 990 (2006)

Community Foundation
 of Middle TN
Mindy Gilbert

615-327-2746
 Giving Matters
 2008-00010

83216451-26-07

08331015 781331 18841

TENNESSEE REPERTORY THEATRE 18841__1

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. 1545-0047

2006

Name of the organization

TENNESSEE REPERTORY THEATRE, INC.

Employer identification number

62 1811578

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "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				
Total number of other employees paid over \$50,000	0			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III **Statements About Activities** (See page 2 of the instructions.)**Yes** **No**

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property? SEE STATEMENT 9	2a	X	
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	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	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ►			0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►			0.
f	Enter the total number of separate funds or accounts owned at the end of the 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 in all funds or accounts included on line 4f at the end of the tax year ►			0.

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable 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 service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(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)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning 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.)	655,362.	615,700.	661,821.	1,177,654.	3,110,537.
16 Membership fees received					
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	800,760.	776,554.	963,784.	1,285,989.	3,827,087.
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	7,389.	66.	254.	2,764.	10,473.
19 Net income from unrelated business activities not included in line 18					
20 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		66,603.	SEE STATEMENT 10 <154.>	<6,410.>	60,039.
23 Total of lines 15 through 22	1,463,511.	1,458,923.	1,625,705.	2,459,997.	7,008,136.
24 Line 23 minus line 17	662,751.	682,369.	661,921.	1,174,008.	3,181,049.
25 Enter 1% of line 23	14,635.	14,589.	16,257.	24,600.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 63,621.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 56,766.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,181,049.
d Add: Amounts from column (e) for lines: 18 10,473. 19 22 60,039. 26b 56,766.					26d 127,278.
e Public support (line 26c minus line 26d total)					26e 3,053,771.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.9989%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)**N/A****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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?		
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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)**N/A**Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table - <table><thead><tr><th>If the amount on line 40 is -</th><th>The lobbying nontaxable amount is -</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 40</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.															

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

FOOTNOTES

STATEMENT 1

PROPERTY AND EQUIPMENT CONSISTED OF THE FOLLOWING AT THE END OF THIS FILING YEAR:

EQUIPMENT	24,863.
FURNITURE AND FIXTURES	2,587.
COMPUTERS	30,705.
	<hr/>
TOTAL	58,155.
LESS: ACCUMULATED DEPRECIATION	<43,309.>
	<hr/>
TOTAL - NET	14,846.
	<hr/> <hr/>

PROPERTY AND EQUIPMENT ARE REPORTED AT COST WHEN PURCHASED, OR AT ESTIMATED FAIR VALUE, WHEN GIFTED TO THE TENNESSEE REP. DEPRECIATION IS CALCULATED BY THE STRAIGHT-LINE METHOD TO ALLOCATE THE COST OF DEPRECIABLE ASSETS, AS SO DETERMINED, TO OPERATIONS OVER ESTIMATED USEFUL LIVES OF THREE TO SEVEN YEARS FOR COMPUTERS, FURNITURE AND FIXTURES, AND EQUIPMENT.

IN 2006, THE TENNESSEE REP IMPLEMENTED THE PRACTICE OF CAPITALIZING ALL EXPENDITURES FOR PROPERTY AND EQUIPMENT IN EXCESS OF \$500. ACCORDINGLY, PROPERTY AND EQUIPMENT PREVIOUSLY CAPITALIZED THAT DID NOT MEET THIS THRESHOLD WAS WRITTEN OFF DURING 2006. THE TOTAL COST OF SUCH ITEMS WRITTEN OFF IN 2006 WAS \$16,888, WITH A NET BOOK VALUE OF ZERO.

FORM 990	RENTAL INCOME	STATEMENT	2
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
COSTUME RENTALS	1	17,044.	
TOTAL TO FORM 990, PART I, LINE 6A		17,044.	

FORM 990	RENTAL EXPENSES	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DRY CLEANING, SUPPLIES, ETC.		2,366.	
COSTUME DESIGNER AND OTHER SALARIES		10,944.	
RENT FOR COSTUME SHOP		2,916.	
- SUBTOTAL -	1		16,226.
TOTAL TO FORM 990, PART I, LINE 6B			16,226.

FORM 990	SPECIAL EVENTS AND ACTIVITIES			STATEMENT	4
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
MISC. SPECIAL EVENTS	62,145.	11,200.	50,945.	26,686.	24,259.
TO FM 990, PART I, LINE 9	62,145.	11,200.	50,945.	26,686.	24,259.

FORM 990	OTHER EXPENSES			STATEMENT	5
	(A)	(B)	(C)	(D)	
DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING	
BAD DEBTS	130.				130.
FEEs -					
TICKETING/BANK/OTHER	32,626.	30,384.	2,242.		
MEALS AND					
ENTERTAINMENT	715.	474.	143.		98.
MISCELLANEOUS	664.		664.		

MARKETING/PUBLIC				
RELATIONS	108,773.	107,606.	1,029.	138.
PRODUCTION COSTS	144,985.	144,985.		
CONTRACT LABOR	7,700.	7,700.		
CREDIT CARD FEES	1,150.			1,150.
DUES AND				
SUBSCRIPTIONS	4,082.		4,082.	
INSURANCE	14,635.	9,712.	2,927.	1,996.
ARTIST FEES	100,072.	100,072.		
COMPUTER SUPPORT	7,470.	4,957.	1,494.	1,019.
FACILITY/STORAGE	4,553.		4,553.	
PROFESSIONAL FEES	12,635.		12,635.	
TOTAL TO FM 990, LN 43	440,190.	405,890.	29,769.	4,531.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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DESCRIPTION OF PROGRAM SERVICE TWO

EDUCATION AND OUTREACH - APPROXIMATELY FOUR DOZEN SEPARATE EVENTS INCLUDING FIVE LOOKINS (PRE-OPENING "OPEN REHEARSALS" AND DISCUSSION FOR HIGH SCHOOL AND ABOVE AUDIENCES IN REHEARSAL STUDIO); 15 TENNESSEE REP UNCLASSIFIED (PRE-SHOW PRESENTATION AND DISCUSSION WITH RESIDENT SCENIC DESIGNER AND OTHER PRODUCTION PERSONNEL); 15 MEET AND GREET (POST-SHOW INFORMAL MEETING WITH CAST MEMBERS); NINE TALKBACK (POST-SHOW STRUCTURED DISCUSSION WITH CREATIVE TEAM MEMBERS, INCLUDING DIRECTOR, CAST MEMBERS, ETC.); ONE INSIDEOUT OF THE LUNCH BOX (PRESENTATION AND DISCUSSION OF ISSUES, IDEAS, AND CONCERNS RAISED BY A PLAY). TOTAL ATTENDANCE: APPROXIMATELY 2,000. IN ADDITION, TWO STUDENT PERFORMANCES OF JACOB MARLEY'S CHRISTMAS CAROL WERE ATTENDED BY APPROXIMATELY 500 MIDDLE AND HIGH SCHOOL STUDENTS. STUDENTS AND TEACHERS ARE OFFERED DISCOUNTED SEASON AND SINGLE TICKETS TO ALL PRODUCTIONS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		6,545.

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

THE MISSION OF TENNESSEE REPERTORY THEATRE IS TO BE A FLAGSHIP REGIONAL THEATRE BY CREATING THE HIGHEST QUALITY PROFESSIONAL THEATRE, SERVING MIDDLE TENNESSEE AS A PRIME CULTURAL RESOURCE, AND CONTRIBUTING TO THE CULTURAL, EDUCATIONAL, ECONOMIC AND GENERAL WELFARE OF THE CITIZENS OF THE CITY OF NASHVILLE, MIDDLE TENNESSEE, AND THE STATE OF TENNESSEE.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT

8

LENDER'S NAME

TERMS OF REPAYMENT

FIRST TENNESEE/FIRST
HORIZON

MONTHLY

DATE OF
NOTEMATURITY
DATEORIGINAL
LOAN AMOUNTINTEREST
RATE

12/01/07

200,000.

9.75%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

PROMISSARY NOTE

LINE OF CREDIT

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION

FMV OF
CONSIDERATION

BALANCE DUE

CASH

0.

90,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

90,000.

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT	9
	PART III, LINE 2A		

DURING THE YEAR ENDED JUNE 30, 2006, THE TENNESSEE REP PAID \$72,000 IN RENT EXPENSE FOR OFFICE SPACE LEASED FROM NASHVILLE PUBLIC TELEVISION, INC. BETH CURLEY, A TENNESSEE REP BOARD MEMBER, IS THE PRESIDENT AND CEO OF NPT, INC. IN ADDITION, AN IN-KIND CONTRIBUTION VALUED AT \$17,500 WAS RECEIVED FROM AMERICAN AIRLINES. DENA NESSARI, A TENNESSEE REP BOARD MEMBER, IS AN EMPLOYEE OF AMERICAN AIRLINES.

SCHEDULE A	OTHER INCOME			STATEMENT 10
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER INCOME	0.	66,603.	<154.>	<6,410.>
TOTAL TO SCHEDULE A, LINE 22	0.	66,603.	<154.>	<6,410.>



BOARD OF DIRECTORS 2006 – 2007

as of October 2006

Michael J. Schoenfeld – President

Martha R. Ingram – Honorary Chair and Co-Founder

TBA – Vice President

Ann Stern– Secretary

TBA - Treasurer

Alan Yuspeh – Immediate Past President

Preferred address

Karen Bird (Pete)
1321 Otter Creek Road
Nashville, TN
Tel: 791-5230 * 370-8571 (home) * 373-7015 (fax)
Karen.Bird@amgreetings.com

Alternate address

Product Manager
PlusMark-American
37215Greetings Corp

Term expires

6/30/2008
1st Term

Lee F. Blank (Melanie)
Wealth Management Sales Manager
AmSouth Bank
315 Deaderick Street, 5th floor
Nashville, TN 37237
Tel: 748-6940 * 665-0765 (home) * 748-1445 (fax)
Lee.blank@amsouth.com

2211 Hemingway
Nashville, TN 37215

6/30/2006
2ndTerm

James Crumlin
Bone McAllester Norton PLLC
511 Union St., Suite 1600
Nashville City Center
Nashville, TN 37219
(615) 238-6313; (615) 238-6301 (fax); (615) 400-8872 (cell)
jcrumlin@bonelaw.com

6/30/2009
1st Term

Beth Curley
CEO and President, WNPT
161 Rains Ave.
Nashville, TN 37203
bcurley@wnpt.net

6/30/08
1st Term

Vincent W. Durnan, Jr. (Tracey)
Director
University School of Nashville
2000 Edgehill Ave.
Nashville, TN 37212
Tel: 327-3877 * 386-0561 (home) * 321-0889 (fax)
vdurnan@usn.org

3600 Woodmont Blvd.
Nashville, TN 37215

6/30/2007
1st term

Francis S. Guess Executive Vice-President The Danner Company 2 International Drive #510 Nashville, TN 37217 Tel: 367-9092 * 254-6048 (home) * 367-2156 (fax) * 256-4793 (home fax) fsguess@comcast.net	3723 Old Hydes Ferry Road Nashville, TN 37218-2526	6/30/2008 1 st Term
Martha R. Ingram Chairman, Ingram Industries, Inc. 4400 Harding Road Nashville, TN 37205 Tel: 298-8204 * 352-3236 (home) * 298-7579 (fax) martha.ingram@ingram.com Annette Taylor, Assistant	120 Hillwood Dr. Nashville, TN 37205	NA
David Lapp (Arlene) 9355 Ansley Lane Brentwood, TN 37027 Tel: 9615) 377-5385 482-1640 (cell) lappdave@aol.com	Insurance Broker	6/30/2008 1 st Term
Sallie Mayne Managing Director Nashville Film Festival P.O. Box 24330 Nashville, TN 37202-4330 (615)742-2500; (615)742-1004 (fax) sallie@nashvillefilmfestival.org		6/30/2009 1 st Term
Dena Nessari (Rob) 127 Stonehollow Way Hendersonville, TN 37075 Tel: 275-3809 * 438-5260 (cell) * 264-9311 (fax) Dena.Nessari@aa.com	Account Sales Development Manager American Airlines, Nashville Airport 1 Terminal Dr., Suite 2045 Nashville, TN 37214	6/30/2007 1 st Term
Craig E. Philip (Marian Ott) 408 West Hillwood Dr. Nashville, TN 37205-1310 Tel: 298-8200 * 356-1752 (home) * 298-8223 (fax) Philipc@IngramBarge.com	Ingram Barge Co 4400 Harding Road Nashville, TN 37205	6/30/2008 1 st Term
Todd Rolapp (Heather) Bass, Berry & Sims 2700 AmSouth Center, 315 Deaderick St. Nashville, TN 37238-3001 (615) 742-6200, (615) 742-6293 Fax trolapp@bassberry.com	1616 Dorshire Lane Nashville, TN 37221	6/30/2008 1 st Term
Joyce Rothenberg (Mace) Rothenberg Consulting Group		6/30/2007 2 nd Term

524 Sandpiper Circle
 Nashville, TN 37221
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Advisory Council
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