

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**Under 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.

A For the 2005 calendar year, or tax year beginning 7/01 , **2005, and ending** 6/30 , **2006****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
instruc-
tions.LADIES' HERMITAGE ASSOCIATION
4580 RACHEL'S LANE
HERMITAGE, TN 37076**D Employer Identification Number**

62-0478087

E Telephone number

615-889-2941

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).**

H and 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 ▶**H (c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number. . . ▶**M** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**G Web site:** ▶ HTTP://WWW.THEHERMITAGE.COM**J Organization type**(check only one) ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,191,178.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

REVENUE	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1 a	555,939.	
	b Indirect public support	1 b		
	c Government contributions (grants)	1 c	68,802.	
	d Total (add lines 1a through 1c) (cash \$ 624,406. noncash \$ 335.)	1 d	624,741.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,668,352.	
	3 Membership dues and assessments	3	33,131.	
	4 Interest on savings and temporary cash investments	4	5,813.	
	5 Dividends and interest from securities	5	11,764.	
	6a Gross rents	6 a	51,265.	
	b Less: rental expenses	6 b	39,854.	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6 c	11,411.	
7 Other investment income (describe SEE STATEMENT 1)	7	119.		
EXPENSES	8a Gross amount from sales of assets other than inventory	(A) Securities	44,763.	8 a
	b Less: cost or other basis and sales expenses		47,363.	8 b
	c Gain or (loss) (attach schedule) STATEMENT 2		-2,600.	8 c
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8 d
	9 Special events and activities (attach schedule). If any amount is from gaming, check here. <input type="checkbox"/>			
	a Gross revenue (not including \$ of contributions reported on line 1a)	9 a		
	b Less: direct expenses other than fundraising expenses	9 b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9 c		
	10a Gross sales of inventory, less returns and allowances	10 a	739,005.	
	b Less: cost of goods sold	10 b	772,349.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STATEMENT 3	10 c	-33,344.	
	11 Other revenue (from Part VII, line 103)	11	12,225.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,331,612.		
NET ASSETS	13 Program services (from line 44, column (B))	13	1,794,573.	
	14 Management and general (from line 44, column (C))	14	509,731.	
	15 Fundraising (from line 44, column (D))	15	104,833.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	2,409,137.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-77,525.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,669,830.		
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	41,249.		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	7,633,554.		

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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.	335,212.	230,332.	93,551.	11,329.
26	Other salaries and wages	1,022,412.	702,522.	285,334.	34,556.
27	Pension plan contributions	30,270.	21,434.	8,143.	693.
28	Other employee benefits	123,381.	90,352.	27,958.	5,071.
29	Payroll taxes	96,932.	80,919.	16,013.	
30	Professional fundraising fees				
31	Accounting fees	15,474.		15,474.	
32	Legal fees	834.			834.
33	Supplies	63,071.	53,697.	7,938.	1,436.
34	Telephone	21,035.	2,263.	18,772.	
35	Postage and shipping	22,561.	13,454.	7,958.	1,149.
36	Occupancy				
37	Equipment rental and maintenance	40,892.	40,315.	552.	25.
38	Printing and publications	27,510.	4,011.	21,516.	1,983.
39	Travel	51,735.	21,848.	29,706.	181.
40	Conferences, conventions, and meetings	27,727.		12,857.	14,870.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	348,441.	313,597.	34,844.	
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 5	43a 181,650.	219,829.	-70,885.	32,706.
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 2,409,137.	1,794,573.	509,731.	104,833.

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 ☒ 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

Form 990 (2005)

Part III Statement of Program Service Accomplishments

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 6

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.)

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

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

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

1,794,573.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

1,794,573.

BAA

Form 990 (2005)

Part IV Balance Sheets (See 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	5,435.	45	4,540.
	46 Savings and temporary cash investments	369,503.	46	553,950.
	47a Accounts receivable	47a 59,806.		
	b Less: allowance for doubtful accounts	47b	47c 52,388.	59,806.
	48a Pledges receivable	48a 5,000.		
	b Less: allowance for doubtful accounts	48b	48c 5,000.	5,000.
	49 Grants receivable	25,990.	49	5,000.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch.)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	200,309.	52	225,106.
	53 Prepaid expenses and deferred charges	41,504.	53	46,214.
	54 Investments — securities (attach schedule)	SEE ST 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54	767,431.
	55a Investments — land, buildings, & equipment: basis	55a		
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments — other (attach schedule)	SEE STMT 8.	56	817.	
57a Land, buildings, and equipment: basis	57a 11,084,680.			
b Less: accumulated depreciation (attach schedule)	STATEMENT 9 57b 4,978,214.	57c 5,859,564.	57c	6,106,466.
58 Other assets (describe <input type="checkbox"/>)	506,984.	58		
59 Total assets (must equal line 74). Add lines 45 through 58	7,788,592.	59	7,774,330.	
LIABILITIES	60 Accounts payable and accrued expenses	31,063.	60	22,507.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 10)	87,699.	65	118,269.
66 Total liabilities. Add lines 60 through 65	118,762.	66	140,776.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	7,504,579.	67	7,182,748.
	68 Temporarily restricted	102,251.	68	386,806.
	69 Permanently restricted	63,000.	69	64,000.
	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; column (B) must equal line 21)	7,669,830.	73	7,633,554.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	7,788,592.	74	7,774,330.

BAA

Form 990 (2005)

Yes	No
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► 24

75b

75c

If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy?

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]

Yes	No
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76

77

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78a

78b

79

80a

N/A

and check whether it is ☐ exempt **or** ☐ nonexempt.

81 a

b Did the organization file **Form 1120-POL** for this year?

81 b

Part VI Other Information (continued)

		Yes	No
82a	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?	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 5,123.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		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	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
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.			
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	
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	
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	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.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	501(c)(3) and 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.		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.		
90a	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b 79		
91a	The books are in care of ▶ <u>CAROLYN FAULKENBERRY</u> Telephone number ▶ <u>615-889-2941</u> Located at ▶ <u>4580 RACHEL'S LANE, HERMITAGE TN</u> ZIP + 4 ▶ <u>37076</u>		
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)?		X
If 'Yes,' enter the name of the foreign country ▶ _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
If 'Yes,' enter the name of the foreign country ▶ _____			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here. N/A ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92 N/A		

BAA

Form 990 (2005)

Part III Tax Computation**Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) — check here ☐. See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 0.

36 **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) 3637 **Proxy tax.** See instructions. 3738 **Alternative minimum tax.** 3839 **Total.** Add lines 37 and 38 to line 35c or 36, whichever applies. 39 0.**Part IV Tax and Payments**40a **Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) 40a

b Other credits (See instructions) 40b

c **General business credit** — Check here and indicate which forms are attached:☐ Form 3800 ☐ Form(s) (specify) 40cd **Credit for prior year minimum tax** (attach Form 8801 or 8827) 40de **Total credits.** Add lines 40a through 40d. 40e 0.

41 Subtract line 40e from line 39. 41 0.

42 **Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866☐ Other (attach schedule) 4243 **Total tax.** Add lines 41 and 42. 43 0.44a **Payments:** A 2004 overpayment credited to 2005. 44a

b 2005 estimated tax payments 44b

c Tax deposited with Form 8868 44c

d **Foreign organizations** — Tax paid or withheld at source (see instructions) 44de **Backup withholding** (see instructions) 44ef **Other credits and payments:** ☐ Form 2439☐ Form 4136 ☐ Other

Total 44f

45 **Total payments.** Add lines 44a through 44f. 45 0.46 **Estimated tax penalty** (See instructions). Check ☐ if Form 2220 is attached. 4647 **Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed. 4748 **Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 4849 Enter the amount of line 48 you want: **Credited to 2006 estimated tax** ☐ **Refunded** ☐ 49**Part V Statements Regarding Certain Activities and Other Information** (See instructions.)

1 At any time during the 2005 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)? Yes No

If 'Yes,' the organization may have to file Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country here

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? Yes No

If 'Yes,' see the instructions for other forms the organization may have to file.

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.

Schedule A — Cost of Goods Sold — Enter method of inventory valuation ☒ **COST**

1 Inventory at beginning of year. 1 100,154.

2 Purchases 2 186,038.

3 Cost of labor 3

4a **Additional section 263A costs** (attach schedule) 4a

b Other costs (attach sch) SEE STATEMENT 2 4b 212,536.

5 **Total.** Add lines 1 through 4b. 5 498,728.

6 Inventory at end of year. 6 112,553.

7 **Cost of goods sold.** Subtract line 6 from line 5. Enter here and on Part I, line 2. 7 386,175.

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *Patricia Berk*

Date

11-29-06

Title

CEO

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP code
FRASIER, DEAN & HOWARD, PLLC
3310 WEST END AVENUE, STE. 550
NASHVILLE, TN 37203

Date

11-13-06

Check if self-employed ☐

Preparer's SSN or PTIN

P00231119

EIN

62-1073578

Phone no.

(615) 383-6592

BAA

Form 990-T (2005)

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

2005

Name of the organization

LADIES' HERMITAGE ASSOCIATION

Employer identification number

62-0478087

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

(See 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 and 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 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 instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BLUEGRASS CARRIAGE WORKS 1011 DRURY LANE LAWRENCENBURG, KY 40342	CONTRACT LABOR	79,250.
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ N/A
- (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 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?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

SEE FORM 990, PART V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See instructions.)

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 ▶ IL

- 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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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

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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	907,488.	563,353.	277,748.	394,367.	2,142,956.
16 Membership fees received	23,470.	22,235.	25,170.	26,720.	97,595.
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	1,909,601.	1,977,225.	1,825,504.	1,838,196.	7,550,526.
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	90,886.	82,686.	57,480.	59,248.	290,300.
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. 15	11,723.	5,438.	5,897.	13,433.	36,491.
23 Total of lines 15 through 22	2,943,168.	2,650,937.	2,191,799.	2,331,964.	10,117,868.
24 Line 23 minus line 17	1,033,567.	673,712.	366,295.	493,768.	2,567,342.
25 Enter 1% of line 23	29,432.	26,509.	21,918.	23,320.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 51,347.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,567,342.
d Add: Amounts from column (e) for lines: 18 290,300. 19					
22 36,491. 26b					26d 326,791.
e Public support (line 26c minus line 26d total)					26e 2,240,551.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 87.27 %
27 Organizations described on line 12: N/A					
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			

32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
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?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended?	34b		
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.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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												
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				(e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

BAA

Schedule A (Form 990 or 990-EZ) 2005

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash	51 a (i)	X
(ii) Other assets	a (ii)	X
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)	X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)	X
(iii) Rental of facilities, equipment, or other assets	b (iii)	X
(iv) Reimbursement arrangements	b (iv)	X
(v) Loans or loan guarantees	b (v)	X
(vi) Performance of services or membership or fundraising solicitations	b (vi)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

[illegible]

2005

FEDERAL STATEMENTS

PAGE 1

LADIES' HERMITAGE ASSOCIATION

62-0478087

STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

ROYALTY INCOME	\$	119.
TOTAL	\$	<u>119.</u>

STATEMENT 2
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE:	44,763.
COST OR OTHER BASIS:	47,363.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES	\$	<u>-2,600.</u>
--	----	----------------

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES	\$	<u>-2,600.</u>
---	----	----------------

STATEMENT 3
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

MUSEUM SALES-RELATED	\$	369,503.
MUSEUM SALES-UNRELATED		369,502.
GROSS SALES	\$	739,005.
LESS RETURNS & ALLOWANCES		0.
NET SALES	\$	739,005.
LESS COST OF GOODS SOLD		772,349.
GROSS PROFIT FROM SALES OF INVENTORY	\$	<u>-33,344.</u>

STATEMENT 4
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS	\$	41,249.
TOTAL	\$	<u>41,249.</u>

STATEMENT 5
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ACTUARIAL	1,914.		1,914.	
ARCHAEOLOGY	4,006.	4,006.		
BAD DEBTS	709.		709.	

LADIES' HERMITAGE ASSOCIATION

62-0478087

STATEMENT 5 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BOOKS	5,047.	3,443.	1,604.	
CAFE AND CONCESSIONS	59,102.	59,102.		
COMPUTER	9,031.	4,138.	1,501.	3,392.
CREDIT CARD & BANK FEES	37,418.	37,418.		
DECORATIONS & COLLECTIONS	730.	730.		
INSURANCE	137,149.	125,505.	11,383.	261.
INVESTMENT EXPENSE	6,429.		6,429.	
MARKETING & PUBLIC RELATIONS	1,670.	24.	1,646.	
MEMBERSHIPS	15,840.	5,280.	5,280.	5,280.
MERCHANDISE	347,278.	347,278.		
MISCELLANEOUS	8,070.	970.	7,100.	
MUSEUM STORE DIRECT EXPENSE	-521,160.	-521,160.		
MUSEUM STORE/RENT ALLOC. EXP	-291,044.	-186,471.	-128,188.	23,615.
OUTSIDE LABOR & CONSULTING	23,636.	23,244.	375.	17.
PRESERVATION & MAINT - BLDGS	68,931.	67,859.	1,026.	46.
PRESERVATION & MAINT - GROUNDS	36,780.	36,474.	293.	13.
PUBLIC PROGRAMS	58,413.	41,009.	17,404.	
SECURITY	7,923.	7,923.		
SUBSCRIPTIONS	1,051.	330.	639.	82.
UTILITIES	160,945.	160,945.		
VISITOR SERVICES	1,782.	1,782.		
TOTAL	\$ 181,650.	\$ 219,829.	\$ -70,885.	\$ 32,706.

STATEMENT 6
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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

STATEMENT 7
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

	VALUATION METHOD	AMOUNT
<u>CORPORATE STOCKS</u>		
CORPORATE STOCKS	MARKET VALUE	\$ 463,523.
	TOTAL	\$ 463,523.
<u>CORPORATE BONDS</u>		
CORPORATE BONDS	MARKET VALUE	303,908.
	TOTAL	\$ 303,908.
TOTAL INVESTMENTS - SECURITIES		\$ 767,431.

LADIES' HERMITAGE ASSOCIATION

62-0478087

STATEMENT 8
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
MASTER NOTE	MARKET VALUE	\$ 817.
	TOTAL	<u>\$ 817.</u>

STATEMENT 9
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 935,509.	\$ 827,565.	\$ 107,944.
BUILDINGS	8,131,656.	3,857,736.	4,273,920.
IMPROVEMENTS	568,721.	288,013.	280,708.
LAND	683,467.		683,467.
MISCELLANEOUS	765,327.	4,900.	760,427.
TOTAL	<u>\$ 11,084,680.</u>	<u>\$ 4,978,214.</u>	<u>\$ 6,106,466.</u>

STATEMENT 10
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ACCRUED COMPENSATION.....	\$ 107,910.
OTHER CURRENT LIABILITIES.....	10,359.
TOTAL	<u>\$ 118,269.</u>

STATEMENT 11
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

LINE 10B - COST OF GOODS SOLD.....	\$ 772,349.
LINE 6B - RENTAL EXPENSES.....	39,854.
TOTAL	<u>\$ 812,203.</u>

STATEMENT 12
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

LINE 10B - COST OF GOODS SOLD.....	\$ 772,349.
LINE 6B - RENTAL EXPENSES.....	39,854.
TOTAL	<u>\$ 812,203.</u>

LADIES' HERMITAGE ASSOCIATION

62-0478087

STATEMENT 13
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
PATRICIA LEACH HERMITAGE, TN	EXECUTIVE DIREC 40	\$ 115,231.	\$ 12,228.	\$ 0.
PAULA M. HANKINS HERMIATGE, TN	DIR MARKETING 40	40,004.	9,811.	0.
JOHN H. LEACH HERMIATGE, TN	DIR SITE OPERAT 40	45,005.	2,871.	0.
MARSHA MULLIN NASHVILLE, TN	DIR MUSEUM SVC 40	53,199.	5,706.	0.
BRENT YOUNG HERMITAGE, TN	DIR DEVELOPMENT 40	34,790.	2,662.	0.
CAROLYN D. FAULKENBERRY MT. JULIET, TN	DIR FINANCE 40	46,983.	8,812.	0.
MRS. DON BARRETT LEXINGTON, MS	BOARD MEMBER 2	0.	0.	0.
AMY LEE BELL NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.
RAY BELL BRENTWOOD, TN	BOARD MEMBER 2	0.	0.	0.
DEANN BRADFORD HERMITAGE, TN	BOARD MEMBER 2	0.	0.	0.
MRS. MARY CLEMENT NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.
MARTHA COOPER NASHVILLE, TN	REGENT 10	0.	0.	0.

LADIES' HERMITAGE ASSOCIATION

62-0478087

STATEMENT 13 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
RICHARD G. COWART NASHVILLE, TN	VICE REGENT 5	\$ 0.	\$ 0.	\$ 0.
ALBERTA DOOCHIN NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.
MELANIE A. FLY NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.
MRS. SANDRA FULTON NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.
H. WYNNE JAMES III NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.
RUTH E. JOHNSON NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.
SARAH KNESTRICK NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.
MARY BEASLEY MCCULLOUGH LEBANON, TN	BOARD MEMBER 2	0.	0.	0.
WILLIAM E. MCDONALD NASHVILLE, TN	TREASURER 2	0.	0.	0.
JUDGE GEORGE PAINE NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.
PHIL PONDER HERMITAGE, TN	BOARD MEMBER 2	0.	0.	0.
CAROL ROCHFORD NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.

LADIES' HERMITAGE ASSOCIATION

62-0478087

STATEMENT 13 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ANNE L. RUSSELL NASHVILLE, TN	BOARD MEMBER 2	\$ 0.	\$ 0.	\$ 0.
CYNTHIA SPENGLER NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.
CATHY THOMAS NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.
MR. BRECK WALKER NASHVILLE, TN	BOARD MEMBER 2	0.	0.	0.
CARYLON A. BAKER MADISON, TN	BOARD MEMBER 2	0.	0.	0.
KELLY O'CONNOR FRANKLIN, TN	BOARD MEMBER 2	0.	0.	0.
TOTAL		\$ 335,212.	\$ 42,090.	\$ 0.

STATEMENT 14
FORM 990, PART V-A, LINE 75B
COMPENSATION PAID TO RELATED INDIVIDUALS

NAME AND RELATIONSHIP

PATRICIA LEACH
 SPOUSAL RELATIONSHIP

JOHN LEACH
 SPOUSAL RELATIONSHIP

STATEMENT 15
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
OTHER INCOME	\$ 11,723.	\$ 5,438.	\$ 5,897.	\$ 13,433.	\$ 36,491.
TOTAL	<u>\$ 11,723.</u>	<u>\$ 5,438.</u>	<u>\$ 5,897.</u>	<u>\$ 13,433.</u>	<u>\$ 36,491.</u>

PUBLIC COPY

**Exempt Organization Business
Income Tax Return** (and proxy tax under Section 6033(e))
For calendar year 2005 or other tax year beginning 7/01, 2005,
and ending 6/30, 2006

▶ See separate instructions.

OMB No. 1545-0687

2005

A <input type="checkbox"/> Check box if address changed	Print or Type	LADIES' HERMITAGE ASSOCIATION 4580 RACHEL'S LANE HERMITAGE, TN 37076	D Employer identification number (Employees' trust, see instructions for Block D.) 62-0478087
B Exempt under Section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> <input type="checkbox"/> 529(a)			E New unrelated business activity codes (See instructions for Block E.) 453220
C Book value of all assets at end of year 7,774,330.		F Group exemption number (see instructions for Block F) .. ▶	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity.

▶ OPERATION OF GIFT SHOP

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If 'Yes,' enter the name and identifying number of the parent corporation. ▶**J** The books are in care of ▶ **CAROLYN FAULKENBERRY** Telephone number ▶ **615-889-2941**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales.	369,502.			
b Less returns and allowances.		1 c Balance. ▶	369,502.	
2 Cost of goods sold (Schedule A, line 7)		2	386,175.	
3 Gross profit. Subtract line 2 from line 1c		3	-16,673.	-16,673.
4 a Capital gain net income (attach Schedule D).		4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).		4 b		
c Capital loss deduction for trusts		4 c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (see instructions — attach schedule)		12		
13 Total. Combine lines 3 through 12		13	-16,673.	0.
				-16,673.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (see instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a	22 b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-16,673.
31 Net operating loss deduction (limited to the amount on line 30)	31	SEE STATEMENT 1
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-16,673.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-16,673.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) — check here ☐. See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amounton line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax.** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (See instructions) **40b****c** General business credit — Check here and indicate which forms are attached:☐ Form 3800 ☐ Form(s) (specify) **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e** Total credits. Add lines 40a through 40d **40e** 0.**41** Subtract line 40e from line 39 **41** 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 **42**☐ Other (attach schedule) **43****43 Total tax.** Add lines 41 and 42. **43** 0.**44a** Payments: A 2004 overpayment credited to 2005 **44a****b** 2005 estimated tax payments **44b****c** Tax deposited with Form 8868 **44c****d** Foreign organizations — Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Other credits and payments: ☐ Form 2439 **44f**☐ Form 4136 ☐ Other Total **44f****45 Total payments.** Add lines 44a through 44f **45** 0.**46** Estimated tax penalty (See instructions). Check ☐ if Form 2220 is attached **46****47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47****48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48****49** Enter the amount of line 48 you want: Credited to 2006 estimated tax Refunded **49****Part V Statements Regarding Certain Activities and Other Information** (See instructions.)**1** At any time during the 2005 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)? **Yes** **No**

If 'Yes,' the organization may have to file Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country here

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? **Yes** **No**

If 'Yes,' see the instructions for other forms the organization may have to file.

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.**Schedule A — Cost of Goods Sold** — Enter method of inventory valuation **COST****1** Inventory at beginning of year **1** 100,154. **6** Inventory at end of year **6** 112,553.**2** Purchases **2** 186,038. **7** Cost of goods sold. Subtract**3** Cost of labor **3** **7** 386,175.**4a** Additional section 263A costs (attach schedule) **4a** **8** Do the rules of section 263A (with respect to**b** Other costs (attach sch) SEE STATEMENT 2 **4b** 212,536. **8** property produced or acquired for resale) apply**5** Total. Add lines 1 through 4b **5** 498,728. **8** to the organization? **Yes** **No****5** Total. Add lines 1 through 4b **5** 498,728. **8** to the organization? **Yes** **No****Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ **Yes** ☐ **No****Paid Preparer's Use Only**Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
FIRM'S name (or yours if self-employed), address, and ZIP code
FRASIER, DEAN & HOWARD, PLLC
3310 WEST END AVENUE, STE. 550
NASHVILLE, TN 37203
EIN 62-1073578
Phone no. (615) 383-6592

BAA

Form 990-T (2005)

Schedule C – Rent Income (From Real Property and Personal Property Leased with Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	
Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of Controlled Organization		2 Employer Identification Number	Exempt Controlled Organizations		
			3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income
(1)					6 Deductions directly connected with income in column 5
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income		8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).
Totals ▶					

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (See instructions.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (See instructions.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (See instructions.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total – Enter here and on page 1, Part II, line 14.			

2005

FEDERAL STATEMENTS

PAGE 1

LADIES' HERMITAGE ASSOCIATION

62-0478087

STATEMENT 1
FORM 990-T, PART II, LINE 31
NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
6/30/91	\$ 19,501.	\$ 0.	\$ 19,501.
6/30/92	46,719.	0.	46,719.
6/30/93	50,958.	0.	50,958.
6/30/94	61,280.	0.	61,280.
6/30/95	54,947.	0.	54,947.
6/30/96	90,955.	0.	90,955.
6/30/97	52,722.	0.	52,722.
6/30/98	71,451.	0.	71,451.
6/30/99	48,862.	0.	48,862.
6/30/00	29,042.	0.	29,042.
6/30/01	20,569.	0.	20,569.
6/30/02	27,336.	0.	27,336.
6/30/03	14,443.	0.	14,443.
6/30/04	1,072.	0.	1,072.
6/30/05	2,681.	0.	2,681.
NET OPERATING LOSS AVAILABLE.....			\$ 592,538.
TAXABLE INCOME.....			\$ -16,673.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME).....			\$ 0.

STATEMENT 2
FORM 990-T, SCHEDULE A, LINE 4B
OTHER COST OF GOODS SOLD

ALLOCATED EXPENSES.....	\$ 125,595.
DIRECT STORE EXPENSES.....	86,941.
TOTAL	<u>\$ 212,536.</u>

ELECTION TO WAIVE NET OPERATING LOSS CARRYBACK

PURSUANT TO IRC SECTION 172(B)(3), THE ORGANIZATION HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED 6/30/06.

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