

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2006**Open to Public  
Inspection**A** For the 2006 calendar year, or tax year beginning

and ending

**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**HUMANITIES TENNESSEE**

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

**306 GAY STREET**

Room/suite

**306**

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

**NASHVILLE, TN 37201****D** Employer identification number**62-0933337****E** Telephone number**(615) 320-7001****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 ▶ **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****M** Check ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.HUMANITIESTENNESSEE.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 ▶**1,075,663.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

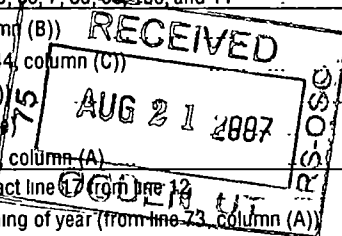
Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds		1a		
	b	Direct public support (not included on line 1a)		1b	165,019.	
	c	Indirect public support (not included on line 1a)		1c		
	d	Government contributions (grants) (not included on line 1a)		1d	774,385.	
	e	Total (add lines 1a through 1d) (cash \$ 939,404. noncash \$ )		1e	939,404.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	28,000.	
	3	Membership dues and assessments		3		
	4	Interest on savings and temporary cash investments		4	1,752.	
	5	Dividends and interest from securities		5		
Revenue	6a	Gross rents		6a		
	b	Less rental expenses		6b		
	c	Net rental income or (loss) Subtract line 6b from line 6a		6c		
	7	Other investment income (describe ▶ )		7		
	8a	Gross amount from sales of assets other than inventory		(A) Securities	8a	
		52,626.		(B) Other		
	b	Less cost or other basis and sales expenses		8b		
	c	Gain or (loss) (attach schedule)		8c		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B) STMT 2		8d	22,669.	
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
Revenue	a	Gross revenue (not including \$ of contributions reported on line 1b)		9a		
	b	Less direct expenses other than fundraising expenses		9b		
	c	Net income or (loss) from special events Subtract line 9b from line 9a		9c		
	10a	Gross sales of inventory, less returns and allowances		10a	53,881.	
	b	Less cost of goods sold		10b	44,758.	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 3		10c	9,123.	
	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	1,000,948.	
	Expenses	13	Program services (from line 44, column (B))		13	1,015,581.
		14	Management and general (from line 44, column (C))		14	115,058.
15		Fundraising (from line 44, column (D))		15	41,575.	
16		Payments to affiliates (attach schedule)		16	12,058.	
17		Total expenses. Add lines 13 and 14, column (A)		17	1,184,272.	
18		Excess or (deficit) for the year Subtract line 17 from line 12		18	<183,324.>	
19		Net assets or fund balances at beginning of year (from line 20, column (A))		19	275,067.	
20		Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5		20	190,488.	
21		Net assets or fund balances at end of year Combine lines 18, 19, and 20		21	282,231.	

623001  
01-18-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

SCANNED SEP 12 2007



1317

**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
<b>22a</b> 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"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>115,478</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	115,478.	115,478.	STATEMENT 8	
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 7	114,912.	102,986.	11,926.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> 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)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	258,182.	231,836.	26,346.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	24,805.	22,041.	2,764.	
<b>28</b> Employee benefits not included on lines 25a - 27	24,048.	21,370.	2,678.	
<b>29</b> Payroll taxes	29,132.	26,159.	2,973.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies	16,463.	15,719.	744.	
<b>34</b> Telephone	4,943.	4,349.	594.	
<b>35</b> Postage and shipping	7,072.	6,113.	959.	
<b>36</b> Occupancy	56,648.	52,646.	4,002.	
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications	17,451.	17,135.	316.	
<b>39</b> Travel	161,061.	140,969.	20,092.	
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	5,719.		5,719.	
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 6	336,300.	258,780.	35,945.	41,575.
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,172,214.	1,015,581.	115,058.	41,575.

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 \$ 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? ► <u>SEE STATEMENT 9</u>		<b>Program Service Expenses</b> (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.)		
<b>a</b>	<b>GRANTS AND AWARDS PROGRAMS - SEE ATTACHED STATEMENT</b>	
(Grants and allocations \$ <u>115,478.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		178,010.
<b>b</b>	<b>COMMUNITY HISTORY - SEE ATTACHED STATEMENT</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		268,816.
<b>c</b>	<b>TENNESSEE YOUNG WRITERS' WORKSHOP - SEE ATTACHED STATEMENT</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		568,755.
<b>d</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>e</b>	<b>Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>1,015,581.</b>

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
<b>Assets</b>	45 Cash - non-interest-bearing	90,293.	45	114,074.
	46 Savings and temporary cash investments	82,791.	46	62,489.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	108,341.	49	86,774.
	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	5,375.	52	5,738.
	53 Prepaid expenses and deferred charges	3,000.	53	3,000.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	143,545.	54a	166,355.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis STMT 10	55a			
b Less: accumulated depreciation	55b	55c		
56 Investments - other SEE STATEMENT 12	0.	56	16,247.	
57 a Land, buildings, and equipment: basis	57a 60,547.			
b Less: accumulated depreciation	57b 37,562.	11,895.	57c	22,985.
58 Other assets, including program-related investments (describe ► SEE STATEMENT 13)	9,680.	58	10,968.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	454,920.	59	488,630.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	46,509.	60	37,687.
	61 Grants payable	74,489.	61	101,563.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► ACCRUED LEAVE)	58,855.	65	67,149.
66 <b>Total liabilities.</b> Add lines 60 through 65	179,853.	66	206,399.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	138,999.	67	142,069.
	68 Temporarily restricted	136,068.	68	125,162.
	69 Permanently restricted		69	15,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	275,067.	73	282,231.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	454,920.	74	488,630.	

Form 990 (2006)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,236,194.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments	<b>b1</b>	<12,189.>
2	Donated services and use of facilities	<b>b2</b>	201,389.
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify): <u>SEE STATEMENT 14</u>	<b>b4</b>	46,046.
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	235,246.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	1,000,948.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	1,000,948.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,229,030.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify): <u>COST OF MERCHANDISE SOLD</u>	<b>b4</b>	44,758.
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	44,758.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	1,184,272.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	1,184,272.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ROBERT CHEATHAM 306 GAY STREET, SUITE 306 NASHVILLE, TN 37201	PRESIDENT 50.00	93,315.	21,597.	0.
SEE ATTACHED LIST NON-COMPENSATED OFFICERS/DIRECTORS	CHAIR 1.25	0.	0.	0.
SEE ATTACHED LIST NON-COMPENSATED OFFICERS/DIRECTORS	VICE PRESIDENT 1.25	0.	0.	0.
SEE ATTACHED LIST NON-COMPENSATED OFFICERS/DIRECTORS	COMMITTEE HEADS 1.25	0.	0.	0.
SEE ATTACHED LIST NON-COMPENSATED OFFICERS/DIRECTORS	DIRECTORS 1.25	0.	0.	0.

<b>Part V-A</b>	<b>Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>
-----------------	------------------------------------------------------------------------------------

75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <span style="float: right;">18</span>			
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 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]

<b>Part VI</b>	<b>Other Information</b> (See the instructions)
----------------	-------------------------------------------------

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? If "Yes," attach a conformed copy of the changes.	77		X
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 <b>Form 990-T</b> for this year?	78b		
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 <b>FEDERATION OF STATE HUMANITIES COUNCILS</b> _____ and check whether it is <input checked="" 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 <b>Form 1120-POL</b> 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	201,389.
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?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	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?	85g	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?	85h	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 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 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
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 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
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 <u>TN</u>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	7
91 a	The books are in care of <u>RUTH CHODNIEWICZ</u> Telephone no. <u>615-969-9229</u> Located at <u>5919 KINSDALE DRIVE, NASHVILLE, TN</u> ZIP + 4 <u>37211</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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

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 SOUTHERN FESTIVAL OF					18,800.
b BOOKS					
c YOUNG FUGITIVES WRITING					9,200.
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			14	1,752.	
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					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	22,669.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					9,123.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		24,421.	37,123.
105 Total (add line 104, columns (B), (D), and (E))					61,544.

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).
▼	SEE STATEMENT 15

**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

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

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

Form 990 (2006)



**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	----- -----			
<b>Totals</b>				

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	----- -----			
<b>Totals</b>				

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: *[Signature]* Signature of officer *Robert Cheatham, President* Date *19 Aug 2007*

Paid Preparer's Use Only: Preparer's signature *Kent Hanell* Date *08/14/07* Check if self-employed ☒ Preparer's SSN or PTIN (See Gen. Inst. X) *[Blank]*

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 *[Blank]* Phone no *(615) 242-7351*

Form 990 (2006)

**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

**HUMANITIES TENNESSEE**

Employer identification number

**62 0933337**

**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
MELISSA DAVIS 306 GAY STREET, SUITE 306, NASHVILLE,	PROGRAM DIRECTOR 50.00	55,000.	11,042.	0.
TIMOTHY HENDERSON 306 GAY STREET, SUITE 306, NASHVILLE,	PROGRAM DIRECTOR 50.00	52,785.	10,910.	0.
Total number of other employees paid over \$50,000	2			

**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 )		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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		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 ) SEE STATEMENT 16	X	
b Did the organization have a section 403(b) annuity plan for its employees?	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		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		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		X
b Did the organization make any taxable distributions under section 4966?		X
c Did the organization make a distribution to a donor, donor advisor, or related person?		X
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	
<b>Total</b>					

- 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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	863,942.	794,430.	784,011.	839,819.	3,282,202.
<b>16</b> Membership fees received					
<b>17</b> 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		102,453.	123,257.	145,798.	371,508.
<b>18</b> 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	1,424.	711.	985.	1,788.	4,908.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	1,711.		SEE STATEMENT 17		1,711.
<b>23</b> Total of lines 15 through 22	867,077.	897,594.	908,253.	987,405.	3,660,329.
<b>24</b> Line 23 minus line 17	867,077.	795,141.	784,996.	841,607.	3,288,821.
<b>25</b> Enter 1% of line 23	8,671.	8,976.	9,083.	9,874.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 65,776.
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 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 3,288,821.
d Add Amounts from column (e) for lines 18 4,908. 19 22 1,711. 26b					26d 6,619.
e Public support (line 26c minus line 26d total)					26e 3,282,202.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.7987%
<b>27</b> 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

**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
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )	<b>31</b>	
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> 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 )	<b>32d</b>	
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	<b>33h</b>	
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2006

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** ☐ if the organization belongs to an affiliated groupCheck ☐ **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	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
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	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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

- 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.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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





## FOOTNOTES

STATEMENT 1

FURNITURE AND EQUIPMENT ARE RECORDED AT COST  
AND DEPRECIATED USING THE STRAIGHT-LINE METHOD  
OVER THE USEFUL LIFE OF THREE TO SEVEN YEARS.

FORM 990, PART II, LINE 42:

FURNITURE AND EQUIPMENT	60,547.
LESS: ACCUMULATED DEPRECIATION	37,562.
	<hr/>
TOTAL FIXED ASSETS - NET	22,985.
	<hr/> <hr/>

---

---

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
----------	---------------------------------------------	-----------	---

---

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	52,626.	29,957.	0.	22,669.
TO FORM 990, PART I, LINE 8	52,626.	29,957.	0.	22,669.

---

---

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 3

## INCOME

1. GROSS RECEIPTS . . . . .	53,881	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		53,881
4. COST OF GOODS SOLD (LINE 13) . . . . .	44,758	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		9,123

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	5,375	
7. MERCHANDISE PURCHASED . . . . .	45,121	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		50,496
12. INVENTORY AT END OF YEAR . . . . .	5,738	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		44,758

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	4
----------	------------------------	-----------	---

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
FEDERATION OF STATE HUMANITIES COUNCILS	1600 WILSON BLVD, SUITE 902 ARLINGTON, VA 22209	
PURPOSE OF PAYMENT		
DUES		12,058.
TOTAL TO FORM 990, PART I, LINE 16		12,058.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
----------	----------------------------------------------	-----------	---

DESCRIPTION	AMOUNT
NET UNREALIZED LOSS ON INVESTMENTS	<12,189.>
CHANGE IN VALUE OF BENEFICIAL INTEREST IN AGENCY ENDOWMENT FUND	1,288.
VALUE OF DONATED GOODS AND SERVICES	201,389.
TOTAL TO FORM 990, PART I, LINE 20	190,488.

FORM 990	OTHER EXPENSES	STATEMENT	6
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	4,768.	4,363.	405.	
CONTRACTED SERVICES	6,761.	6,761.		
WRITERS HONORARIUM	130,375.	130,375.		
TENTS	12,265.	12,265.		
SECURITY	3,846.	3,846.		
OTHER EXPENSES	27,098.	22,147.	4,951.	
CONSULTANTS	71,623.	30,048.		41,575.
COMMUNITY HISTORY AWARD	4,963.	4,963.		
FOOD AND BEVERAGE	13,930.	13,742.	188.	
UTILITIES	3,774.	3,745.	29.	
COMPUTER EXPENSES	9,029.	8,995.	34.	
PROFESSIONAL SERVICES	30,338.		30,338.	

HUMANITIES TENNESSEE

62-0933337

YA DAY BOOKS	10,500.	10,500.		
TAM SCHOLARSHIPS	7,030.	7,030.		
TOTAL TO FM 990, LN 43	336,300.	258,780.	35,945.	41,575.

---

---

FORM 990	OFFICER COMPENSATION ALLOCATION	STATEMENT	7
	PART II, LINE 25A		

---

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROBERT CHEATHAM	93,315.	21,597.		114,912.
A. PROGRAM SERVICES	83,797.	19,189.		102,986.
B. MANAGEMENT AND GENERAL	9,518.	2,408.		11,926.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				102,986.
TOTAL MANAGEMENT AND GENERAL				11,926.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>114,912.</u>

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	8
----------	------------------------------------------	-----------	---

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
EDUCATION IN THE HUMANITIES COMMUNITY INITIATED GRANTS SEE ATTACHED SCHEDULE	115,478.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	115,478.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	9
----------	----------------------------------------------------------------	-----------	---

## EXPLANATION

TO PROMOTE PUBLIC INTEREST IN LITERATURE AND INCREASE PUBLIC KNOWLEDGE OF  
THE HUMANITIES.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	10
----------	---------------------------	-----------	----

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE DEBT SECURITIES	FMV		22,385.		22,385.
CORPORATE STOCKS	FMV	116,014.			116,014.
TO FORM 990, LINE 54A, COL B		116,014.	22,385.		138,399.

---



---

FORM 990	GOVERNMENT SECURITIES	STATEMENT 11
----------	-----------------------	--------------

---

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. TREASURY SECURITIES	FMV	27,956.		27,956.
TOTAL TO FORM 990, LINE 54A, COL B		27,956.		27,956.

---



---



---



---

FORM 990	OTHER INVESTMENTS	STATEMENT 12
----------	-------------------	--------------

---

DESCRIPTION	VALUATION METHOD	AMOUNT
CASH & CASH EQUIVALENTS	COST	6,247.
CERTIFICATES OF DEPOSIT	COST	10,000.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		16,247.

---



---



---



---

FORM 990	OTHER ASSETS	STATEMENT 13
----------	--------------	--------------

---

DESCRIPTION	AMOUNT
BENEFICIAL INTEREST IN AGENCY ENDOWMENT FUND	10,968.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	10,968.

---



---



---



---

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 14
----------	----------------------------------------	--------------

---

DESCRIPTION	AMOUNT
CHANGE IN VALUE OF BENEFICIAL INTEREST IN AGENCY ENDOWMENT FUND	1,288.
COST OF MERCHANDISE SOLD	44,758.
TOTAL TO FORM 990, PART IV-A	46,046.

---



---





# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

## **Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization	Employer identification number
	<b>HUMANITIES TENNESSEE</b>	<b>62-0933337</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>306 GAY STREET, NO. 306</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NASHVILLE, TN 37201</b>	

**Check type of return to be filed**(file a separate application for each return):

- |                                              |                                                                   |                                    |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **MR. ROBERT CHEATHAM**

Telephone No. ► **615-320-7001**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2006** or  
► ☐ tax year beginning , and ending .

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 12-2006)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>	<b>Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>HUMANITIES TENNESSEE</b>	Employer Identification number <b>62-0933337</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>306 GAY STREET, NO. 306</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NASHVILLE, TN 37201</b>	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **RUTH CHODNIEWICZ**  
Telephone No. **615-969-9229** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007**.
- 5 For calendar year **2006**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**TAXPAYER IS AWAITING INFORMATION FROM THIRD PARTIES.**

<b>8a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b>	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA**Date **8/14/07****Notice to Applicant. (To Be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return.  
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.  
☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.  
☐ Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print  623832 05-01-07	Name <b>KRAFTCPAS</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>555 GREAT CIRCLE ROAD, SUITE 200</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NASHVILLE, TN 37228</b>

# 2006 Board List

PBC

SD  
4/30/07

JOE  
5/10/07

## Humanities Tennessee Board of Directors

**Jane Walters, Chair**  
5124 Greenway Cove  
Memphis, TN 38117  
(901) 525-0266 (office)

**Jim Odom,  
Secretary/Vice-Chair**  
410 Peachtree Street  
Johnson City, TN 37604  
(423) 926-1317

**Michael Osborn,  
Immediate Past Chair**  
739 Forest Lake Drive  
Memphis, TN 38117  
(901) 767-5783

**Nancy Bogatin**  
701 Magnolia Manor Circle  
Memphis, TN 38117  
(901) 682-6789

**Beverly Bond**  
6871 Neshoba Road  
Germantown, TN 38138  
(901) 678-3376 (office)

**Gary Burkett**  
233 East Main Street  
Jonesborough, TN 37659  
(423) 753-0105

**Paulette Coleman**  
6205 Willow Oak Drive  
Nashville, TN 37221  
615-662-5172 (home)

**Shannon Collins**  
5330 Lance Drive  
Knoxville, TN 37909  
(865) 450-9815

**Calvin Dickinson**  
Department of History  
Box 5064  
Tennessee Tech. University  
Cookeville, TN 38505  
(931) 372-3333

**Walter Durham**  
1010 Durham Drive  
Gallatin, TN 37066  
(615) 452-3300

**Norman Ferris**  
3210 East Compton Road  
Murfreesboro, TN 37130  
(615) 896-0429

**Henrietta Grant**  
2341 Brooks Road  
Knoxville, TN 37915  
(865) 546-0807

**Michael Leff**  
2884 Central Avenue  
Memphis, TN 38111  
(901) 323-0118

**Bruce Ralston**  
Department of Geography  
304c Burchfiel Building  
1000 Phillip Fulmer Way  
Knoxville, TN 37996  
(865) 974-2418

**Michael Nelson**  
578 Center Drive  
Memphis, TN 38112  
(901) 843-3879

**Kate Stephenson**  
Trauger & Tuke  
The Southern Turf Building  
222 Fourth Avenue North  
Nashville, TN 37219  
(615) 256-8585(W)

**Barbara Wofford**  
104 Founders Hall  
Department 5455, UTC  
615 McCallie Avenue  
Chattanooga, TN 37403  
(423) 425-4124 (office)

**Saralee Woods**  
3000 Medial Ave  
Nashville, TN 37215  
(615) 383-6555 (office)

**Humanities Tennessee**  
**Schedule of Grants**  
**12/31/2006**

**Community Initiated Grants**

East Tennessee Historical Society	14,605
Jackson-Madison County Library	4,750
The University of Memphis	38,800
Bethel College	3,500
Jewish Federation of Nashville & Middle Tennessee	14,892
Dyersburg State Community College	2,266
Johnson City Public Library	1,837

**Teacher Awards**

Charlene Cook	2,000
Nancy Nave	2,000
Janey Jackson	2,000
Ceci Sachs	2,000
Germantown High School	1,500
Office, McBrien Elementary School	1,500
Houston County High School	1,500
Library, Grassland Middle School	1,500
Ward Fleissner	2,000
The Baylor School	1,500
Dyersburg State Community College - grant reduction	(1,497)

**Southern Humanities Media Fund**

Southern Humanities Media Fund 2006	20,000
-------------------------------------	--------

Total	116,653
Misc. Grant Reductions	(1,175)

<b>Total 2006 Grants</b>	<b><u>115,478</u></b>
--------------------------	-----------------------

Grants &  
Awards - 820

## Humanities Tennessee's Grants and Awards Programs

The Grants and Awards program includes support for general, community-generated humanities projects, the Awards of Recognition for Outstanding Teaching in the Humanities, and the Southern Humanities Media Fund.

### General Grant Program

The annual grant competition supports ambitious public humanities projects of accomplished, professional organizations. Unallocated funds from the annual grant competition are available through Small Project Grants on an annual basis.

### Awards of Recognition for Outstanding Teaching of the Humanities

The annual award program acknowledges excellence in grades 3-12 humanities education by providing fellowships to selected nominees and their schools.

---

) is a collaboration among several state humanities councils that provides funding for radio, television, and film projects that explore the history and culture of the South and its inhabitants.

### 2005 Grants and Awards Program Activities:

Humanities Tennessee awarded 6 grants and 4 awards to teachers and their schools, reaching an audience of 16,565

awarded funds to 3 documentary film projects, each with a potential viewing audience of 15,000,000

TCHP-830,

## Humanities Tennessee's Community History Program

The Tennessee Community History program provides community-based educational programs about the history and cultural life of Tennessee communities in the context of the history and cultural life of our nation and our world. The goal of the program is to build stronger Tennessee communities, enriched by an understanding of the past and the cultural lives of the peoples who share these communities. The goal of the program is achieved through several projects.

### Projects include:

#### Community History Development Fund

Designed to assist emerging history and cultural institutions develop long-term growth and sustainability, the Fund provides partner organizations financial support in the various phases of its work bringing the humanities to the public.

#### Program Bureau Media Library

Humanities Tennessee has created a lending library of award-winning video documentaries dealing with a broad range of topics on Southern history and culture. Videos are available free of charge to any non-profit, school, or community group in Tennessee.

#### Museum on Main Street

This program brings traveling Smithsonian exhibitions to small or emerging museums throughout the state. The latest exhibit, *Between Fences*, opened in September 2006.

#### Tennessee Association of Museums Scholarship Program

Humanities Tennessee provides scholarships to volunteers without museum-related backgrounds to attend the Tennessee Association of Museums (TAM) annual conference. The conference sessions cover a range of relevant topics such as marketing, exhibits, and fundraising.

### 2006 Community History Program Activities:

Humanities Tennessee awarded scholarships to the Tennessee Association of Museums Conference to 26 volunteers from 13 organizations;

The Development Fund projects and technical assistance served 570 museum volunteers;

The Program Bureau Media Library served an audience of 56;

The MoMS exhibit project *Between Fences* and its programs began its tour of the first two venues, opened at the third on 12/29, reaching an audience of 2645.

TYWW-8501

**The Tennessee Young Writers' Workshop**

The Tennessee Young Writers' Workshop offers the opportunity for students with an interest in writing to explore that interest in a nurturing environment with an outstanding faculty and supportive peers. In 2006 34 students attended the workshop. 15 paid full tuition, 12 received full scholarships, and 7 received partial scholarships. The workshop offers the opportunity for students living in difficult economic circumstances to experience what it is like to spend time on a college campus and work with published writers to improve their craft. Since more than half of the students attend with financially need-based scholarship support, it is essential that Humanities Tennessee be allowed to raise funds for scholarships.