

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable:

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

C Name of organization
CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1200 FORREST PARK DRIVE

City or town, state or province, country, and ZIP or foreign postal code
NASHVILLE, TN 37205-4242

F Name and address of principal officer: **JANE O. MACLEOD**
1200 FORREST PARK DR, NASHVILLE, TN 37205

D Employer identification number

62-0627921

E Telephone number
(615) 356-8000

G Gross receipts \$ **25,048,731.**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.CHEEKWOOD.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1962** **M** State of legal domicile: **TN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHEEKWOOD'S MISSION IS TO PRESERVE CHEEKWOOD AS A HISTORICAL LANDMARK WHERE BEAUTY AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) 46	
	4	Number of independent voting members of the governing body (Part VI, line 1b) 46	
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 297	
	6	Total number of volunteers (estimate if necessary) 1253	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 562,286.	
	7b	Net unrelated business taxable income from Form 990-T, line 38 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 13,444,217.	
	9	Program service revenue (Part VIII, line 2g) 4,452,702.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 776,845.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 604,069.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 19,277,833.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,478,808.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 869,971.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,230,672.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,709,480.	
	19	Revenue less expenses. Subtract line 18 from line 12 8,568,353.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 42,611,298.	
	21	Total liabilities (Part X, line 26) 1,668,439.	
	22	Net assets or fund balances. Subtract line 21 from line 20 40,942,859.	

Part II Signature Block

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.

Sign Here	Signature of officer		Date		
	JANE O. MACLEOD, CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANCES E. LEAHY	FRANCES E. LEAHY	06/13/19	<input type="checkbox"/>	P00713593
	Firm's name	Firm's EIN			
	KRAFTCPAS PLLC	62-0713250			
	Firm's address	Phone no.			
	555 GREAT CIRCLE ROAD	615-242-7351			
	NASHVILLE, TN 37228				

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

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ X

1 Briefly describe the organization's mission:
CHEEKWOOD'S MISSION IS TO PRESERVE CHEEKWOOD AS A HISTORICAL LANDMARK WHERE BEAUTY AND EXCELLENCE IN ART AND HORTICULTURE STIMULATE THE MIND AND NURTURE THE SPIRIT. CHEEKWOOD INSPIRES AND EDUCATES BY MAKING ART, HORTICULTURE, AND NATURE ACCESSIBLE TO A DIVERSE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,163,514. Including grants of \$) (Revenue \$ 2,844,711.)
ART, EXHIBITIONS & PROGRAMS: CHEEKWOOD IS A LEADING CULTURAL DESTINATION FOR RESIDENTS AND VISITORS FROM TENNESSEE AND BEYOND, WELCOMING MORE THAN 230,000 VISITORS IN 2018. CHEEKWOOD SHOWCASES TEMPORARY AND TRAVELING EXHIBITIONS, AS WELL AS HIGHLIGHTS FROM ITS 7,000-PIECE PERMANENT COLLECTION WHICH FOCUSES ON 1910-1970 AMERICAN ART AND OUTDOOR SCULPTURE. IN 2018, CHEEKWOOD PRESENTED AMANDA PARER'S INTRUDE EXHIBIT AND THE CRACKING ART EXHIBIT WHICH FOCUSED ON ENVIRONMENTAL ISSUES OF INVASIVE SPECIES AND SUSTAINABILITY, RESPECTIVELY. 1958-2018: SIXTY YEARS OF COLLECTING AT CHEEKWOOD SHOWCASED WORKS FROM THE INSTITUTION'S PERMANENT COLLECTION WHILE CELEBRATING ITS 60TH YEAR OF COLLECTING ART. CHEEKWOOD IS ACCREDITED BY THE AMERICAN ALLIANCE OF MUSEUMS, AN HONOR THAT DENOTES OPERATIONAL

4b (Code:) (Expenses \$ 1,059,983. Including grants of \$) (Revenue \$ 605,932.)
RESTAURANT, RENTALS & GIFT SHOP: THE RENTALS PROGRAM SERVICE AREA PROVIDES FACILITIES TO FURTHER OPEN CHEEKWOOD TO THE PUBLIC THROUGH THE HOSTING OF EVENTS ON THE GROUNDS. WEDDINGS, RECEPTIONS, CORPORATE DINNERS, FAMILY OUTINGS AND MEETINGS WERE SET AMIDST THE SWEEPING GARDENS AND HISTORIC BUILDINGS OF CHEEKWOOD'S BEAUTIFUL CAMPUS. HOSTING 350 EVENTS DURING THE YEAR, CHEEKWOOD REMAINED A PREMIER NASHVILLE EVENT DESTINATION IN 2018. DURING 2018, THE NEW CAFE 29 AND A NEW GIFT SHOP DEBUTED AT THE FRIST LEARNING CENTER. THESE AMENITIES OFFERED VISITORS AN OPPORTUNITY TO ENJOY DELICIOUS FOOD AND BEVERAGES AND TAKE AWAY GARDEN AND MUSEUM-INSPIRED SOUVENIRS OF THEIR DAY'S EXPERIENCE.

4c (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
 (Expenses \$ Including grants of \$) (Revenue \$)
4e Total program service expenses **8,223,497.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	297	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b X	
4a 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)?		4a X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		7c X
d If "Yes," indicate the number of Forms 8822 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	15 X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	16 X

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 46		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 46		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **TN**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
DANIEL MILLER - 615-353-6959
CHEEKWOOD 1200 FORREST PARK DRIVE, NASHVILLE, TN 37205-4242

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY ABBOTT BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(2) VANDANA ABRAMSON BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(3) GRACE AWH BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(4) RUSSELL W. BATES BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(5) ROB BECKHAM BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(6) R. LEE CARTER BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(7) BARBARA BOVENDER BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(8) JOHN H. BRYAN BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(9) BARBARA BURNS BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(10) ANDREW W. BYRD BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(11) CHRISTOPHER W. CARDWELL BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(12) CHARLES ROBERT BONE SECRETARY - VOTING	1.00	X		X				0.	0.	0.
(13) JOAN CHEEK BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(14) BRENDA CORBIN BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(15) WILLIAM T. DELAY BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(16) KATHLEEN J. ESTES BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(17) LISA Z. MANNING VICE CHAIR - VOTING	1.00	X		X				0.	0.	0.

**CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BARBARA T. FREEMAN BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(19) KATE R. W. GRAYKEN BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(20) CARL T. HALEY, JR. BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(21) RAY HARNESS BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(22) WILLIAM HASTINGS BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(23) GARY L. HAWKINS BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(24) ERIC T. HELMAN BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(25) TRINA PAINE BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(26) EDITH C. JOHNSON BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								536,682.	0.	33,921.
d Total (add lines 1b and 1c)								536,682.	0.	33,921.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CARTER GROUP, LLC 517 HAGAN STREET, NASHVILLE, TN 37203	CONSTRUCTION	3,561,143.
HODGSON DOUGLAS 507 MAIN STREET, NASHVILLE, TN 37206	ARCHITECTURAL LANDSCAPE	443,262.
OUTDOOR LIGHTING PERSPECTIVES 2215 DUNN AVENUE STE B, NASHVILLE, TN 37211	EXHIBIT INSTALL	400,934.
MAXWELL ROOFING & SHEET METAL, INC. 2500 DICKERSON ROAD, NASHVILLE, TN 37207	CONSTRUCTION	238,614.
GS&F, 209 10TH AVENUE SOUTH STE 222, NASHVILLE, TN 37203	ADVERTISING	199,614.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CAROL A. KIRSHNER BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(28) VIRGINIA B. LAZENBY BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(29) RITA P. MITCHELL BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(30) BRUCE D. SULLIVAN TREASURER - VOTING	1.00	X		X				0.	0.	0.
(31) JAMES V. HUNT SR. CHAIR - VOTING	1.00	X		X				0.	0.	0.
(32) GAYLEY A. PATTERSON BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(33) JOELLE J. PHILLIPS BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(34) JOE D. ROPER BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(35) MICHAEL J. SCHLOSSER BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(36) MICHAEL J. SPALDING BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(37) BARRY STOWE BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(38) BARBARA TURNER BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(39) JAMES A. WEBB III BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(40) BARBARA S. WHITE BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(41) DUDLEY WHITE BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(42) ELIZABETH WILLS BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(43) ELIZABETH FOSS BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(44) BRIAN REAMES BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(45) DEAN REEVES BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
(46) ELIZABETH BRITAIN BOARD MEMBER - VOTING	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JANE MACLEOD PRESIDENT & CEO	50.00			X				259,736.	0.	16,228.
(48) CASSIE FAHRNEY (THRU 4/2018) CHIEF FINANCIAL OFFICER	50.00			X				47,332.	0.	3,812.
(49) DANIEL MILLER (AS OF 4/2018) CHIEF FINANCIAL OFFICER	50.00			X				87,458.	0.	2,412.
(50) BETH MURDOCK CHIEF OPERATING OFFICER	50.00					X		142,156.	0.	11,469.
Total to Part VII, Section A, line 1c								536,682.		33,921.

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,130,296.				
	c Fundraising events	1c	1,755,248.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	216,500.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,337,454.				
	g Noncash contributions included in lines 1a-1f: \$		24,021.				
	h Total. Add lines 1a-1f			9,439,498.			
Program Service Revenue	2 a ADMISSION FEES	Business Code	900099	2,401,616.	2,401,616.		
	b FOOD & GIFT SALES		900099	783,502.	550,454.	233,048.	
	c EDUCATIONAL PROGRAMS		900099	241,136.	241,136.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			3,426,254.			
	3 Investment income (including dividends, interest, and other similar amounts)			182,698.			182,698.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	675,688.				
	b Less: rental expenses	(ii) Personal	290,972.				
	c Rental income or (loss)		384,716.				
	d Net rental income or (loss)			384,716.	55,478.	329,238.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	9,548,175.				
	b Less: cost or other basis and sales expenses	(ii) Other	35,694.				
	c Gain or (loss)		9,173,643.	170,047.			
	d Net gain or (loss)		374,532.	-134,353.			
	e Net gain or (loss)			240,179.			240,179.
	8 a Gross income from fundraising events (not including \$ 1,755,248. of contributions reported on line 1c). See Part IV, line 18	a	1,473,890.				
	b Less: direct expenses	b	1,570,508.				
	c Net income or (loss) from fundraising events			-96,618.			-96,618.
	9 a Gross income from gaming activities. See Part IV, line 19	a	64,875.				
	b Less: direct expenses	b	7,596.				
	c Net income or (loss) from gaming activities			57,279.			57,279.
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
	11 a MISCELLANEOUS INCOME		900099	201,959.	201,959.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			201,959.				
12 Total revenue. See instructions			13,835,965.	3,450,643.	562,286.	383,538.	

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

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Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	416,978.	125,093.	167,701.	124,184.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,459,325.	2,862,129.	262,414.	334,782.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	85,214.	70,503.	6,464.	8,247.
9 Other employee benefits	259,265.	214,507.	19,667.	25,091.
10 Payroll taxes	281,794.	233,147.	21,376.	27,271.
11 Fees for services (non-employees):				
a Management	10,561.	3,159.	7,402.	
b Legal	1,375.		1,375.	
c Accounting	45,193.		45,193.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	35,694.		35,694.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	461,390.	293,900.	156,997.	10,493.
12 Advertising and promotion	697,960.	487,937.	32,297.	177,726.
13 Office expenses	103,953.	92,384.	9,123.	2,446.
14 Information technology				
15 Royalties				
16 Occupancy	265,934.	218,082.	46,119.	1,733.
17 Travel	122,890.	43,414.	6,714.	72,762.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	182,854.	146,627.	26,971.	9,256.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	981,047.	926,256.	54,791.	
23 Insurance	271,370.	224,337.	47,033.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBITIONS & PUBLIC P	1,474,774.	1,468,603.	6,171.	
b MAINTENANCE	599,124.	424,434.	152,120.	22,570.
c FOOD & GIFT SALES / COS	349,302.	349,302.		
d MISCELLANEOUS	122,497.	39,683.	29,404.	53,410.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,228,494.	8,223,497.	1,135,026.	869,971.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,649,021.	1	1,314,965.
	2 Savings and temporary cash investments	3,593,938.	2	3,392,244.
	3 Pledges and grants receivable, net	13,050,152.	3	10,449,972.
	4 Accounts receivable, net	160,473.	4	73,451.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	147,441.	8	126,958.
	9 Prepaid expenses and deferred charges	424,068.	9	360,023.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	35,261,443.		
	10b Less: accumulated depreciation	15,696,958.		
		15,130,948.	10c	19,564,485.
	11 Investments - publicly traded securities	8,010,043.	11	9,171,917.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	445,214.	15	575,501.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,611,298.	16	45,029,516.	
Liabilities	17 Accounts payable and accrued expenses	891,909.	17	1,162,379.
	18 Grants payable		18	
	19 Deferred revenue	776,530.	19	512,936.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,668,439.	26	1,675,315.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		15,968,362.	27	19,970,835.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets		24,974,497.	29	23,383,366.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		40,942,859.	33	43,354,201.
34 Total liabilities and net assets/fund balances	42,611,298.	34	45,029,516.	

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**CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,835,965.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,228,494.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,607,471.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,942,859.
5	Net unrealized gains (losses) on investments	5	-1,326,416.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	130,287.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,354,201.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒ X

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization **CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART**

Employer identification number
62-0627921

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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 exempt 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)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule A (Form 990 or 990-EZ) 2018 ART

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5718345.	6193753.	14740368.	13444217.	9439498.	49536181.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5718345.	6193753.	14740368.	13444217.	9439498.	49536181.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11162286.
6 Public support. Subtract line 5 from line 4.						38373895.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	5718345.	6193753.	14740368.	13444217.	9439498.	49536181.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	669,534.	129,731.	157,640.	209,663.	238,176.	1404744.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,050.					1,050.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						50941975.
12 Gross receipts from related activities, etc. (see instructions)					12	18,673,997.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	75.33 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	71.91 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2018

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule A (Form 990 or 990-EZ) 2018 ART

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15		%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17		%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18		%

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule A (Form 990 or 990-EZ) 2018 **ART**

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Part IV Supporting Organizations *(continued)*

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

- 7** ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule A (Form 990 or 990-EZ) 2018 ART

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 **ART**

Part VI

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

**CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
ART**

Employer identification number

62-0627921

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART	Employer identification number 62-0627921
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>334,193.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>250,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>205,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

62-0627921

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
ART

Employer identification number
62-0627921

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXCELLENCE IN ART AND HORTICULTURE TO STIMULATE THE MIND AND NURTURE
THE SPIRIT. CHEEKWOOD INSPIRES AND EDUCATES BY MAKING ART,
HORTICULTURE, AND NATURE ACCESSIBLE TO A DIVERSE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND PROGRAMMATIC EXCELLENCE, AND IS LISTED ON THE NATIONAL REGISTER OF
HISTORIC PLACES. PUBLIC PROGRAMS DURING 2018 FEATURED LIVE MUSIC DANCE
PERFORMANCES, HANDS-ON WORKSHOPS, AND PUBLIC LECTURES. THURSDAY NIGHTS
OUT AND SONGWRITERS NIGHTS PROVIDED SUMMER PROGRAMMING. IN THE FALL,
THE 4TH ANNUAL JAPANESE MOON VIEWING AND 19TH ANNUAL EL DIA DE LOS
MUERTOS FESTIVAL CELEBRATED DIVERSE CULTURAL ARTS AND TRADITIONS.
INTERACTIVE ART AND EDUCATIONAL ACTIVITIES FOR INDIVIDUALS AND FAMILIES
COMPLEMENTED PERMANENT AND TRAVELING EXHIBITIONS, BOTH INDOORS AND
OUTDOORS; PROGRAMS INCLUDED DROP-IN ART ACTIVITIES, YOUTH ART CLASSES,
STORYTIME, LECTURES ON ART/GARDEN TOPICS, AND YOUTH SUMMER CAMPS.
PUBLIC PROGRAMS SERVE ADULTS AND CHILDREN (INFANTS - 18 YEARS). MORE
THAN 13,000 STUDENTS AND EDUCATORS PARTICIPATED IN FREE SCHOOL TOURS
AND OUTREACH PROGRAMS, WHICH INCLUDE DESTINATION CHEEKWOOD, ART
OUTREACH, CHEEKWOOD EXPLORATIONS AND TUESDAYS FOR TOTS, AMONG OTHERS.

GARDENS: RECENTLY VOTED A USA TODAY TOP TEN GARDEN FOR THE THIRD TIME,
CHEEKWOOD'S 55-ACRE BOTANICAL GARDEN HAS ALSO GARNERED NATIONAL ACCLAIM
AND LEADING RECOGNITION AS BOTH A LEVEL 4 ARBORETUM AND CENTER OF
EXCELLENCE BY THE TENNESSEE URBAN FORESTRY COUNCIL. CHEEKWOOD IS HOME
TO THE NATIONALLY ACCREDITED DOGWOOD COLLECTION, THE HISTORIC MARTIN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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BOXWOOD GARDEN WITH 43 VARIETIES OF BOXWOOD IN A BRYANT FLEMING-DESIGNED LANDSCAPE, 10 ACRES OF WOODLANDS AND A HALF-ACRE OF WATERWAYS, 12 DISPLAY GARDENS, BOTANICAL COLLECTIONS INCLUDING 120 SPECIES OF TREES, 250 TAXA OF DAFFODILS, 250 TAXA OF DAYLILIES, MORE THAN 250 DOGWOOD PLANTS, AND APPROXIMATELY 25,000 ANNUALS WITHIN THE GARDENS.

A RADIANT DISPLAY OF TULIPS, HYACINTHS, AND DAFFODILS DURING THE 2018 SPRING "CHEEKWOOD IN BLOOM" FESTIVAL DAZZLED VISITORS WITH OVER 150,000 BLOOMING BULBS. FOUR SEASONAL FESTIVALS SHOWCASED THE BEAUTY OF CHEEKWOOD'S LANDSCAPE AND GARDENS WITH WEEKEND PUBLIC PROGRAMS, CREATIVE AND EDUCATIONAL OPPORTUNITIES, AND LIVE PERFORMANCES. IN 2018, CHEEKWOOD HARVEST OFFERED A PUMPKIN PATCH AND HOUSE, A COMMUNITY SCARECROW DISPLAY, AND 5,000 CHRYSANTHEMUMS SPREAD ACROSS THE CHEEKWOOD GROUNDS. WINTER SAW THE RETURN OF CHEEKWOOD'S 4TH ANNUAL HOLIDAY LIGHTS, A SPECTACULAR DISPLAY THAT INCLUDES MORE THAN 1 MILLION LIGHTS. THE PROGRAM SAW RECORD ATTENDANCE IN 2018 AND INCLUDED REAL REINDEER, CAROLERS, S'MORES PITS, A TOWERING POINSETTIA TREE, AND FESTIVE DECORATIONS INSIDE THE CHEEKWOOD MANSION.

DURING 2018, CONSTRUCTION COMMENCED ON THE NEW BRACKEN FOUNDATION CHILDREN'S GARDEN. THIS TWO-ACRE GARDEN WILL FOCUS ON FAMILY PROGRAMMING, INCLUDING THE LITERARY, PERFORMING, AND VISUAL ARTS. ADDITIONALLY, PLANNING TOOK PLACE FOR SIGNIFICANT RENOVATIONS AND ENHANCEMENTS OF THE CARELL WOODLAND SCULPTURE TRAIL AND THE BLEVINS JAPANESE GARDEN, WHICH ARE TWO OF CHEEKWOOD'S MOST BELOVED GARDENS. CONSTRUCTION WILL COMMENCE IN 2019 WITH RE-OPENING OF THE TWO GARDENS IN SPRING 2020.

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HISTORY: COMPLETED IN 1932, CHEEKWOOD'S HISTORIC MANSION IS RECOGNIZED TOGETHER WITH ITS 55-ACRE LANDSCAPE AS ONE OF THE FINEST EXAMPLES OF AN AMERICAN COUNTRY PLACE ERA ESTATE IN THE NATION. THE INSTITUTION RECENTLY UNDERTOOK SIGNIFICANT RESEARCH TO INFORM THE HISTORIC REFURNISHING OF THE CHEEKWOOD MANSION. THIS MAJOR INITIATIVE ENTAILED REFURNISHING AND RESTORATION OF KEY INTERIORS WITHIN THE NEO-GEORGIAN RESIDENCE TO REFLECT THE 1930S ERA OF ITS ORIGINS. DEBUTING IN SUMMER 2017, THE REFURNISHED CHEEKWOOD MANSION IS SUPPORTED BY NEW INTERPRETATION, PUBLIC PROGRAMMING, AND EXHIBITIONS INFORMED AND INSPIRED BY THIS UNIQUE HISTORIC ASSET IN NASHVILLE. ADDITIONAL MANSION ROOMS WERE RENOVATED IN 2018, WITH FUTURE HISTORICAL INITIATIVES PLANNED FOR 2019. CHEEKWOOD ALSO COMPLETED THE SIGNIFICANT RENOVATION OF THE FRIST LEARNING CENTER DURING 2018, WHICH INCLUDES UPDATED MEETING SPACES AND ART STUDIOS AS WELL AS HISTORICAL INTERPRETATION OF THE HORSE STABLES AND TACK ROOM USED BY THE CHEEK FAMILY DURING THEIR TIME HERE. THE RENOVATION ALSO HIGHLIGHTS THE HISTORICAL CONNECTION BETWEEN CHEEKWOOD AND MAXWELL HOUSE COFFEE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE REVIEWS AND APPROVES THE PUBLIC DISCLOSURE FORM 990. THE FULL BOARD HAS ACCESS TO REVIEW THE PUBLIC DISCLOSURE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

MANAGEMENT REIVEWS ALL OF CHEEKWOOD'S POLICIES ON AT LEAST AN ANNUAL BASIS. ADDITIONALLY, CERTAIN POLICIES ARE ANNUALLY REVIEWED WITH THE EXECUTIVE COMMITTEE (SUCH AS THE CONFLICT OF INTEREST POLICY). THE POLICY STATES: ALL PERSONNEL MUST REFRAIN FROM ANY PRIVATE BUSINESS OR PERSONAL OR

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PROFESSIONAL ACTIVITY THAT WOULD BE OR APPEAR TO BE IN CONFLICT WITH THE INTERESTS OF CHEEKWOOD, OR WHICH WOULD OTHERWISE APPEAR LIKELY TO AFFECT ADVERSELY THE CONFIDENCE OF THE PUBLIC IN CHEEKWOOD'S INTEGRITY.

ACTIVITIES THAT CLEARLY PRESENT A POTENTIAL CONFLICT OF INTEREST SHOULD NOT BE PURSUED WITHOUT FULL DISCLOSURE TO AND APPROVAL BY THE PRESIDENT/CEO. ALL STAFF MUST SIGN THE POLICY HANDBOOK ACKNOWLEDGING THIS POLICY. THE EXECUTIVE STAFF CONSISTENTLY MONITORS AND WILL REVIEW ANY EMPLOYEE ISSUE THAT MAY ARISE REGARDING THIS POLICY, WHILE THE EXECUTIVE COMMITTEE REVIEWS ANY ISSUE WITH RESPECT TO UPPER MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT/CEO'S COMPENSATION PACKAGE IS REVIEWED AND DETERMINED BY THE GOVERNANCE COMMITTEE OF THE BOARD USING COMPARABLES AND SUBSTANTIATION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS AND 990 ARE AVAILABLE ON GIVINGMATTERS.ORG. FORM 990 IS ALSO AVAILABLE AT WWW.GUIDESTAR.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST GIFTS	130,287.
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FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS REGARDING THE FINANCIAL STATEMENTS AND INDEPENDENT AUDIT FIRM.