

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

2005Open to Public
InspectionA For the 2005 calendar year, or tax year beginning **SEP 1, 2005** and ending **AUG 31, 2006**

B Check if applicable

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

Please use IRS label or print or type See Specific Instructions

C Name of organization

BELMONT MANSION ASSOCIATION

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

1900 BELMONT BOULEVARD

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

NASHVILLE, TN 37212

D Employer identification number

23-7229132

E Telephone number

615-460-5459F 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)

G Website: ▶ **HTTP://WWW.BELMONTMANSION.COM**J Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(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 ☒ NoI Group Exemption Number ▶ **N/A**L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **278,337.**M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	71,683.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 71,683. noncash \$)	1d	71,683.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	99,035.		
	3	Membership dues and assessments	3	11,508.		
	4	Interest on savings and temporary cash investments	4	5,051.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
6b	Less: rental expenses	6b				
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe)	7				
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d		8d			
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	44,049.		
	b	Less: direct expenses other than fundraising expenses	9b	24,433.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	19,616.		
	10a	Gross sales of inventory, less returns and allowances	10a	46,693.		
10b	Less: cost of goods sold	10b	30,820.			
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	15,873.			
11	Other revenue (from Part VII, line 103)	11	318.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	223,084.			
Net Assets	13	Program services (from line 44, column (B))	13	108,380.		
	14	Management and general (from line 44, column (C))	14	58,093.		
	15	Fundraising (from line 44, column (D))	15	21,876.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	188,349.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	34,735.			
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	263,080.			
20	Other changes in net assets or fund balances (attach explanation)	20	0.			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	297,815.			

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

Form 990 (2005)

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Part II **Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>1,500.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 1,500.	1,500.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. * *	25 43,500.	15,660.	14,790.	13,050.
26 Other salaries and wages	26 63,762.	47,364.	8,199.	8,199.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 4,877.	3,623.	627.	627.
30 Professional fundraising fees	30			
31 Accounting fees	31 5,981.		5,981.	
32 Legal fees	32 3,661.		3,661.	
33 Supplies	33 2,622.		2,622.	
34 Telephone	34			
35 Postage and shipping	35 871.		871.	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 2,690.		2,690.	
39 Travel	39 1,301.		1,301.	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g 57,584.	40,233.	17,351.	
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 188,349.	108,380.	58,093.	21,876.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

* * SEE STATEMENT 5

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? ►

A HISTORIC HOUSE MUSEUM

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

a THE PRESERVATION AND OPERATION OF AN HISTORIC HOUSE MUSEUM.(Grants and allocations \$ 1,500.) If this amount includes foreign grants, check here ☐

108,380.

b(Grants and allocations \$) If this amount includes foreign grants, check here ☐**c**(Grants and allocations \$) If this amount includes foreign grants, check here ☐**d**(Grants and allocations \$) If this amount includes foreign grants, check here ☐**e** Other program services (attach schedule)(Grants and allocations \$) If this amount includes foreign grants, check here ☐**f Total of Program Service Expenses** (should equal line 44, column (B), Program services)

108,380.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	9,190.	45 225.
	46 Savings and temporary cash investments	125,333.	46 167,397.
	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		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	28,847.	52 36,600.
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a		
b Less accumulated depreciation	57b	57c	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 7)	100,000.	58 100,000.	
59 Total assets (must equal line 74). Add lines 45 through 58	263,370.	59 304,222.	
Liabilities	60 Accounts payable and accrued expenses	290.	60 6,407.
	61 Grants payable		61
	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 <input type="checkbox"/>)		65
66 Total liabilities. Add lines 60 through 65	290.	66 6,407.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	218,554.	67 253,689.
	68 Temporarily restricted	44,526.	68 44,126.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	263,080.	73 297,815.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	263,370.	74 304,222.	

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

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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a Total expenses and losses per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 17			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify) _____	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17) Add lines c and d		e	

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)

[illegible]

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	
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? N/A	84a	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c Dues, assessments, and similar amounts from members		85c	N/A
d Section 162(e) lobbying and political expenditures		85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		85h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities		86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		87b	N/A
88	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	88	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 0.			
d Enter Amount of tax on line 89c, above, reimbursed by the organization 0.			
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, 2005		90b	15
91 a	The books are in care of <u>SUSIE NEWTON</u> Telephone no. <u>615-460-5459</u> Located at <u>1900 BELMONT BOULEVARD, NASHVILLE, TN</u> ZIP + 4 <u>37212-3757</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)?		91b	X
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			
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>		91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> 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 ADMISSIONS					61,419.
b EVENTS INCOME					37,616.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					11,508.
95 Interest on savings and temporary cash investments			14	5,051.	
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					
101 Net income or (loss) from special events			01	19,616.	
102 Gross profit or (loss) from sales of inventory					15,873.
103 Other revenue					
a MISCELLANEOUS INCOME					318.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		24,667.	126,734.
105 Total (add line 104, columns (B), (D), and (E))					151,401.

Note: Line 105 plus line 1d, 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 9

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer <i>Mark Brown</i>		Date 5-10-07	Type or print name and title. <i>Mark Brown Director</i>	
Paid Preparer's Use Only	Preparer's signature	DAVID P. DEMARCO, CPA	Date	05/09/07	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	BYRD, PROCTOR & MILLS, P.C. 111 WESTWOOD PLACE, SUITE 400 BRENTWOOD, TN 37027		EIN	Phone no (615) 467-7300

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization

BELMONT MANSION ASSOCIATION

Employer identification number

23 7229132

Part I

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

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

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

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

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

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

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	53,121.	10,750.	35,645.	72,359.	171,875.
16 Membership fees received	15,060.	10,990.	17,443.	13,025.	56,518.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	203,377.	209,071.	202,657.	206,861.	821,966.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,731.	751.	866.	1,227.	5,575.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	274,289.	231,562.	256,611.	293,472.	1,055,934.
24 Line 23 minus line 17	70,912.	22,491.	53,954.	86,611.	233,968.
25 Enter 1% of line 23	2,743.	2,316.	2,566.	2,935.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2004) 0.	(2003) 0.	(2002) 0.	(2001) 0.	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2004) 0.	(2003) 0.	(2002) 0.	(2001) 0.	
c Add: Amounts from column (e) for lines: 15 171,875. 16 56,518. 17 821,966. 20 _____ 21 _____					27c 1,050,359.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 1,050,359.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 1,055,934.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.4720%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .5280%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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 group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

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

Yes	No	Amount
		0.

Exempt Organizations (See page 12 of the instructions)

N/A

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CHRISTMAS DINNER	11,778.		11,778.	6,069.	5,709.
FASHION SHOW	32,271.		32,271.	18,364.	13,907.
TO FM 990, PART I, LINE 9	44,049.		44,049.	24,433.	19,616.

FORM 990

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

STATEMENT 2

INCOME

1. GROSS RECEIPTS	46,693	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		46,693
4. COST OF GOODS SOLD (LINE 13)	30,820	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		15,873

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	28,847	
7. MERCHANDISE PURCHASED	38,573	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		67,420
12. INVENTORY AT END OF YEAR	36,600	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		30,820

FORM 990	IRC SECTION 6033(H) REPORTING REQUIREMENT	STATEMENT	3
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NAME OF CONTROLLED ENTITY

BELMONT MANSION FOUNDATION

FUNDS TRANSFER AMOUNT

1,500.

OTHER FUNDS TRANSFER DESCRIPTION

DONATION TO THE BELMONT MANSION FOUNDATION

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSERVATION	1,545.	1,545.		
FURNISHING	951.	951.		
RESTORATION	23,017.	23,017.		
EVENTS EXPENSE	13,153.	13,153.		
DEVELOPMENT	260.	260.		
MISCELLANEOUS	1,307.	1,307.		
ADVERTISING	6,797.		6,797.	
CREDIT CARD	3,015.		3,015.	
DUES AND				
SUBSCRIPTIONS	1,570.		1,570.	
INSURANCE	5,450.		5,450.	
LICENSES AND PERMITS	45.		45.	
MISCELLANEOUS				
EXPENSE	<23.>		<23.>	
WEBSITE EXPENSE	497.		497.	
TOTAL TO FM 990, LN 43	57,584.	40,233.	17,351.	

FORM 990	OFFICER COMPENSATION ALLOCATION	STATEMENT	5
	PART II, LINE 25		

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARK BROWN	43,500.			43,500.
A. PROGRAM SERVICES	15,660.			15,660.
B. MANAGEMENT AND GENERAL	14,790.			14,790.
C. FUNDRAISING	13,050.			13,050.

TOTAL PROGRAM SERVICES				15,660.
TOTAL MANAGEMENT AND GENERAL				14,790.
TOTAL FUNDRAISING				13,050.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				43,500.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	6
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PRESERVATION OF THE BELMONT MANSION	BELMONT MANSION FOUNDATION	1900 BELMONT BOULEVARD, NASHVILLE, TN	RELATED 501(C)(3) ORGANIZATION	1,500.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1,500.
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FORM 990	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	AMOUNT
LOAN TO SPLIT-INTEREST TRUST	100,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	100,000.

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	8
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARK BROWN 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	EXECUTIVE DIRECTOR 40.00	43,500.	0.	0.
DAVID ALLARD 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
NICKI FAIN 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
JOE FERRELLI 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	TREASURER 0.00	0.	0.	0.
MARY ELLEN LOVELL 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
BILL KELLY 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
ANNE SHEPHERD 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	SECRETARY 0.00	0.	0.	0.
STEVE SIRLS 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	VICE PRESIDENT 0.00	0.	0.	0.
JIM THOMPSON 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
ASHLEY MCANULTY 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
PATRICK MCINTYRE 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.

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ALBERT WARDIN 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
HOLLY WILDS 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
KATHY ZEITLIN 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	PRESIDENT 0.00	0.	0.	0.
DON ROBINSON 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
DIANNE BERRY 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
BECKY CLAYTON 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
GARY CUNNINGHAM 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
ROBINSON REAGAN 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
JACK BECKER 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
TERRY CLEMENTS 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
KIMBERLY COOPER 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
GARY CRIGGER 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
SANDRA DUNCAN 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.

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PAULA HARWELL 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
ANGIE PILE-MORRIS 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
SARAH C. RIDLEY 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
MARY FRANCES RUDY 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
SHERYTHA SCAIFE 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
BARRY WILKER 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
PETER WOOLFOLK 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		43,500.	0.	0.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	9
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	ADMISSIONS INCOME FROM TOURS OF THE HISTORIC HOME
93B	RENTAL INCOME FROM USERS OF THE HISTORIC HOME
94	MEMBERSHIP DUES COLLECTED FROM THE ORGANIZATION'S MEMBERS
102	INCOME FROM SALE OF MUSEUM SHOP ITEMS RELATED TO THE HISTORIC HOME
103A	MISC. INCOME FROM HISTORICAL ACTIVITIES