

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

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ated
return
- ☐ Amend-
ed
return
- ☐ Applica-
tion
pending

Please
use IRS
label or
print or
type.See
Specific
Instruc-
tions.**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)

1200 FORREST PARK DRIVE

Room/suite

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

NASHVILLE, TN 37205-4242**F** Name and address of principal officer: **JANE OFFENBACH****1200 FORREST PARK DRIVE, NASHVILLE, TN 3720****D** Employer identification number**62-0627921****E** Telephone number**(615) 356-8000****G** Gross receipts \$ **6,369,488.****H(a)** Is this a group return
for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

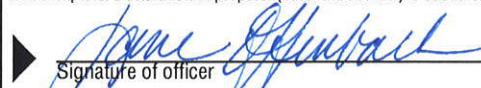
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (**3**) ◀ (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: INSPIRES AND EDUCATES BY MAKING ART, HORTICULTURE AND NATURE ACCESSIBLE TO A DIVERSE COMMUNITY.		
	2	Check this box ☐ 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)	3	35
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5	Total number of employees (Part V, line 2a)	5	160
	6	Total number of volunteers (estimate if necessary)	6	300
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	470,516.	2,532,227.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	484,753.	1,797,280.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,670.	-161,884.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	183,209.	208,228.
	12		1,189,148.	4,375,851.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	785,389.	2,937,622.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 533,220.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	860,080.	2,970,658.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,645,469.	5,908,280.
	19	Revenue less expenses. Subtract line 18 from line 12	-456,321.	-1,532,429.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	23,783,862.	23,597,896.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,129,535.	3,454,533.
22		20,654,327.	20,143,363.	

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

9/29/10**JANE OFFENBACH, PRESIDENT/CEO**

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signature

Date

09/28/10Check if
self-
employed ▶ ☐Preparer's identifying number
(see instructions)Firm's name (or
yours if
self-employed),
address, and
ZIP + 4**KRAFTCPAS PLLC
555 GREAT CIRCLE ROAD
NASHVILLE, TN 37228**

EIN ▶

Phone no. ▶ **(615) 242-7351**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

1 Briefly describe the organization's mission:
**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 exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ **3,192,798.** including grants of \$) (Revenue \$ **2,053,307.**)
EXHIBITIONS & PROGRAMS:

PERMANENT ART COLLECTION

EXHIBITS OF 19TH & 20TH CENTURY PAINTINGS AND DECORATIVE ART

SERVICE CATEGORY: ARTS, CULTURE & HUMANITIES / VISUAL ARTS

POPULATION SERVED: ADULTS / CHILDREN AND YOUTH (INFANTS - 19 YEARS.)

PERMANENT GARDEN COLLECTION

**EXHIBITS ON THE 55 ACRE SITE THAT INCLUDE THE ORIGINAL CHEEK GARDENS,
DESIGNED BY BRYANT FLEMING, WITH POOLS, FOUNTAINS, STATUARY, EXTENSIVE
BOXWOOD PLANTINGS AND BREATHTAKING VIEWS OF THE ROLLING TENNESSEE
HILLS. THE NUMBER OF VISITORS VARY BY SEASON.**

4b (Code:) (Expenses \$ **1,391,843.** including grants of \$) (Revenue \$)
**RESTAURANT & GIFT SHOP: THE PINEAPPLE ROOM RESTAURANT AND GIFT SHOP
OFFER VISITORS OF CHEEKWOOD AN OASIS TO ENJOY DELICIOUS FOOD AND
BEVERAGES AND TAKE AWAY A SOUVENIR OF THEIR DAY'S EXPERIENCE. THIS
SERVICE AREA ALSO PROVIDES RENTAL AND CATERING FACILITIES TO FURTHER
OPEN CHEEKWOOD TO THE PUBLIC THROUGH THE HOSTING OF EVENTS ON THE
GROUNDS.**

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 ► \$ **4,584,641.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	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? <i>If "Yes," complete Schedule G, Part I</i>	17	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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23	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 25	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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	28a		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		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	33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
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	36		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	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X	

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	89	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	160	
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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	35	
b Enter the number of voting members that are independent	35	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
CHRISTIE SLAUGHTER - 615-356-8000
CHEEKWOOD 1200 FORREST PARK DRIVE, NASHVILLE, TN 37205-4242

Form 990 (2009)

932006
02-04-10

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
MR. WILLIAM F. ANDREWS VICE CHAIR	1.00	X		X				0.	0.	0.
MRS. KATHERINE R. EZELL BOARD MEMBER	1.00	X						0.	0.	0.
MR. CARL GRIMSTAD BOARD MEMBER	1.00	X						0.	0.	0.
MRS. CAROLE M. NELSON BOARD MEMBER	1.00	X						0.	0.	0.
MR. HAROLD STREAM, III BOARD MEMBER	1.00	X						0.	0.	0.
MR. LEE A. BEAMAN BOARD MEMBER	1.00	X						0.	0.	0.
MRS. JACK O. BOVENDER BOARD MEMBER	1.00	X						0.	0.	0.
MR. RON CORBIN BOARD MEMBER	1.00	X						0.	0.	0.
MR. KEITH HERRON BOARD MEMBER	1.00	X						0.	0.	0.
MRS. LEE ANN INGRAM BOARD MEMBER	1.00	X						0.	0.	0.
MR. GORDON INMAN BOARD MEMBER	1.00	X						0.	0.	0.
MRS. CATHY JACKSON BOARD MEMBER	1.00	X						0.	0.	0.
MS. RUTH JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
MR. ROB MCCABE, JR. GOVERNANCE COMMITTEE CHAIR	1.00	X		X				0.	0.	0.
DR. PAUL STERNBERG, JR. CHAIR	1.00	X		X				0.	0.	0.
MR. STEPHEN BLACKMON, JR. BOARD MEMBER	1.00	X						0.	0.	0.
MRS. JANA J. DAVIS BOARD MEMBER	1.00	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	(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			
WILLIAM F. HAGERTY, IV BOTANIC GARDEN COMMITTEE	1.00	X		X				0.	0.	0.
MR. DONALD M. MACLEOD BOARD MEMBER	1.00	X						0.	0.	0.
MR. DAVID I. OBOLENSKY EXHIBITIONS & PROG. COMM	1.00	X		X				0.	0.	0.
DR. WAYNE J. RILEY BOARD MEMBER	1.00	X						0.	0.	0.
MR. JAMES L. SHAUB II BOARD MEMBER	1.00	X						0.	0.	0.
MS. JULIE W. WALKER BOARD MEMBER	1.00	X						0.	0.	0.
MRS. JULIE GORDON BOARD MEMBER	1.00	X						0.	0.	0.
MS. LYDIA HOWARTH BOARD MEMBER	1.00	X						0.	0.	0.
MR. BRADLEY S. KARRO SECRETARY	1.00	X		X				0.	0.	0.
DR. ARTHUR B. LAFFER BOARD MEMBER	1.00	X						0.	0.	0.
1b Total								274,401.	0.	19,383.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	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 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.

(A) Name and business address	(B) Description of services	(C) Compensation
MUSIC CITY TENTS & EVENTS LLC 619 NORRIS AVE, NASHVILLE, TN 37204	RENTALS	120,596.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2009)

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Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	871,783.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	179,554.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,480,890.			
	g	Noncash contributions included in lines 1a-1f: \$		231,522.			
	h	Total. Add lines 1a-1f		2,532,227.			
Program Service Revenue	2 a	FOOD & GIFT SALES	Business Code 900099	954,322.	748,091.		206,231.
	b	MEMBERSHIP DUES	900099	423,295.	423,295.		
	c	ADMISSIONS	900099	232,974.	232,974.		
	d	EDUCATION & SPECIAL PR	900099	186,689.	186,689.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,797,280.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		79,116.			79,116.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real 453,614.				
	b	Less: rental expenses					
	c	Rental income or (loss)	453,614.				
	d	Net rental income or (loss)		453,614.	453,614.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 766,558.				
	b	Less: cost or other basis					
	c	Gain or (loss)	1007558.				
	d	Net gain or (loss)	-241000.				
	8 a	Gross income from fundraising events (not including \$ 871,783. of contributions reported on line 1c). See Part IV, line 18	a 732,049.				
	b	Less: direct expenses	b 986,079.				
	c	Net income or (loss) from fundraising events		-254,030.			-254,030.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	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	8,644.	8,644.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		8,644.				
12	Total revenue. See instructions.		4,375,851.	2,053,307.		0.	-209,683.

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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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	293,782.	51,645.	130,127.	112,010.
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	2,204,481.	1,659,824.	323,194.	221,463.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,953.	14,619.	4,181.	2,153.
9 Other employee benefits	196,691.	137,655.	34,487.	24,549.
10 Payroll taxes	221,715.	146,839.	42,724.	32,152.
11 Fees for services (non-employees):				
a Management	14,501.	5,176.	7,800.	1,525.
b Legal	1,298.		1,298.	
c Accounting	11,300.		11,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	159,069.	147,429.	2,053.	9,587.
12 Advertising and promotion	377,966.	269,025.	29,965.	78,976.
13 Office expenses	87,539.	78,488.	4,979.	4,072.
14 Information technology				
15 Royalties				
16 Occupancy	314,659.	307,666.	1,819.	5,174.
17 Travel	15,943.	11,170.	4,067.	706.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	137,505.	46,356.	84,775.	6,374.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	701,039.	637,310.	51,836.	11,893.
23 Insurance	145,585.	133,497.	12,088.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a COST OF GOODS SOLD	532,072.	532,072.	0.	0.
b MAINTENANCE	275,161.	228,469.	30,373.	16,319.
c EXHIBITIONS & PUBLIC P	149,273.	146,464.	0.	2,809.
d MISCELLANEOUS	46,852.	30,041.	13,353.	3,458.
e BAD DEBT EXPENSE	896.	896.	0.	0.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,908,280.	4,584,641.	790,419.	533,220.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	752,447.	1	739,298.
	2 Savings and temporary cash investments	1,156,013.	2	1,222,668.
	3 Pledges and grants receivable, net	312,668.	3	185,481.
	4 Accounts receivable, net	40,766.	4	9,906.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	254,891.	8	306,481.
	9 Prepaid expenses and deferred charges	136,703.	9	182,628.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,419,288.		
	b Less: accumulated depreciation	10b 12,027,828.	10c	17,391,460.
	11 Investments - publicly traded securities	2,648,031.	11	3,165,633.
	12 Investments - other securities. See Part IV, line 11	35,541.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	444,423.	15	394,341.
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,783,862.	16	23,597,896.	
Liabilities	17 Accounts payable and accrued expenses	544,697.	17	446,488.
	18 Grants payable		18	
	19 Deferred revenue	56,742.	19	201,746.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	2,528,096.	23	2,806,299.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,129,535.	26	3,454,533.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	16,200,863.	27	15,578,126.
	28 Temporarily restricted net assets	1,842,818.	28	1,923,447.
	29 Permanently restricted net assets	2,610,646.	29	2,641,790.
	Organizations that do not follow SFAS 117, check here ☐ 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	20,654,327.	33	20,143,363.
	34 Total liabilities and net assets/fund balances	23,783,862.	34	23,597,896.

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?		X
b Were the organization's financial statements audited by an independent accountant?		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. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
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?		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.		

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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		
b 33 1/3% support test - 2008. 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		
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
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		

Schedule A (Form 990 or 990-EZ) 2009

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule A (Form 990 or 990-EZ) 2009 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 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3577458.	3706994.	4841258.	470,516.	2955522.	15551748.
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	2883438.	3368209.	4371732.	520,330.	2295519.	13439228.
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	6460896.	7075203.	9212990.	990,846.	5251041.	28990976.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	133,680.	332,805.	618,917.	119,629.	348,097.	1553128.
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						0.
c Add lines 7a and 7b	133,680.	332,805.	618,917.	119,629.	348,097.	1553128.
8 Public support (Subtract line 7c from line 6.)						27437848.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	6460896.	7075203.	9212990.	990,846.	5251041.	28990976.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	604,354.	131,467.	196,938.	229,052.	532,730.	1694541.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	604,354.	131,467.	196,938.	229,052.	532,730.	1694541.
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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	7065250.	7206670.	9409928.	1219898.	5783771.	30685517.
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 2009 (line 8, column (f) divided by line 13, column (f))	15	89.42 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	90.78 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	5.52 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	5.43 %

19a **33 1/3% support tests - 2009.** 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 ☒ **X**

b **33 1/3% support tests - 2008.** 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 ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Employer identification number
62-0627921

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last
day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(c) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of
the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures,
or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to
these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets <i>(continued)</i>
-----------------	---

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☒ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV **Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

	Amount
1c	
1d	
1e	
1f	

Part V	Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.
---------------	--

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,610,646.	2,576,996.			
b Contributions	31,144.	33,650.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,641,790.	2,610,646.			

- 2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment 100.00 %
c Term endowment %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		X
3a(ii)		X
3b		

- (i) unrelated organizations
- (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,620,000.		2,620,000.
b Buildings		24,221,181.	9,762,444.	14,458,737.
c Leasehold improvements				
d Equipment		2,578,107.	2,265,384.	312,723.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				17,391,460.

Schedule D (Form 990) 2009

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Part IX	Other Assets. See Form 990, Part X, line 15.
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Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

Part X	Other Liabilities. See Form 990, Part X, line 25.
---------------	--

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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**CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
ART**

Schedule D (Form 990) 2009

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Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A: IN ACCORDANCE WITH PROFESSIONAL STANDARDS, ART OBJECTS

ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE CHEEKWOOD'S INCEPTION

ARE NOT VALUED IN STATEMENTS OF FINANCIAL POSITION. THE COST OF THE ART

OBJECTS PURCHASED ARE REFLECTED AS PROGRAM EXPENSES AND TREATED AS A

DECREASE IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE

ACQUIRED, OR AS DECREASES IN TEMPORARILY OR PERMANENTLY RESTRICTED NET

ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS.

PROCEEDS FROM THE SALE OF ANY DEACCESSIONED ITEMS ARE CLASSIFIED AS

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CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule D (Form 990) 2009

ART

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Part XIV Supplemental Information (continued)

TEMPORARILY RESTRICTED NET ASSETS, TO BE APPLIED TOWARD FUTURE ART ACQUISITIONS. THE AMOUNT OF COLLECTION ITEMS CONTRIBUTED EACH YEAR BY DONORS IS NOT RECORDED IN THE FINANCIAL STATEMENTS BUT IS DISCLOSED AT ESTIMATED FAIR VALUE AS A NON-CASH ACTIVITY IN THE STATEMENT OF CASH FLOWS.

PART III, LINE 4: THE ART COLLECTIONS AT CHEEKWOOD CONSIST OF A WIDE RANGE OF MEDIA FROM DIFFERENT PERIODS AND CULTURES, WITH SPECIAL EMPAHSIS ON AMERICAN ART FROM THE 18TH THROUGH THE 20TH CENTURIES, AMERICAN AND ENGLISH SILVER, WORCESTER PORCELAIN, AND CONTEMPORARY OUTDOOR SCULPTURE. EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THE SALE TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

PART V, LINE 4: THE UNRESTRICTED ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR THE GENERAL OPERATIONS OF CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART. THE RESTRICTED ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR MAINTAINING THE BOTANICAL COLLECTIONS AND GARDENS (INCLUDING THE BURR GARDEN, DAFFODIL GARDEN, HERB GARDEN, HOWE GARDEN, JAPANESE GARDEN, WILLS GARDEN AND COLOR GARDEN), THE SHARP LECTURE SERIES, EDUCATIONAL PROGRAMMING AND DEVELOPMENT.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization	CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART	Employer identification number	62-0627921
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Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total 

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2009

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule G (Form 990 or 990-EZ) 2009 **ART**

62-0627921 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SWAN BALL (event type)	OTHER (event type)	NONE (total number)	
Revenue	1 Gross receipts	1,557,308.	46,524.		1,603,832.
	2 Less: Charitable contributions	871,783.			871,783.
	3 Gross income (line 1 minus line 2)	685,525.	46,524.		732,049.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	932,906.	53,173.		986,079.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(986,079)
	11 Net income summary. Combine line 3, column (d), and line 10				-254,030.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? _____ b If "No," explain: _____ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ b If "Yes," explain: _____ 11 Does the organization operate gaming activities with nonmembers? _____ 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	<table border="1"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>9a</td> <td></td> <td></td> </tr> <tr> <td>10a</td> <td></td> <td></td> </tr> <tr> <td>11</td> <td></td> <td></td> </tr> <tr> <td>12</td> <td></td> <td></td> </tr> </table>		Yes	No	9a			10a			11			12		
	Yes	No														
9a																
10a																
11																
12																

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule G (Form 990 or 990-EZ) 2009

ART

62-0627921 Page 3

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility **13a** %
- b** An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Schedule G (Form 990 or 990-EZ) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART** Employer identification number **62-0627921**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

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2009

Open to Public
Inspection

Name of the Organization

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
ART

Employer Identification number
62-0627921

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(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			
MRS. J. DONALD NICHOLS MUSEUM OF ART COMMITTEE	1.00	X		X				0.	0.	0.
MR. HAL PENNINGTON TREASURER/FINANCE COMMIT	1.00	X		X				0.	0.	0.
MRS. KEITH B. PITTS BOARD MEMBER	1.00	X						0.	0.	0.
MR. PEPE PRESLEY BOARD MEMBER	1.00	X						0.	0.	0.
MRS. JOE RUSSELL BOARD MEMBER	1.00	X						0.	0.	0.
HENRY CLAY BRIGHT, III BOARD MEMBER	1.00	X						0.	0.	0.
GUS PURYEAR, IV BOARD MEMBER	1.00	X						0.	0.	0.
MRS. J. LEE MAXCY BOARD MEMBER	1.00	X						0.	0.	0.
MRS. DENNIS BOTTORFF BOARD MEMBER	1.00	X						0.	0.	0.
MRS. JACK W. SHEPHERD BOARD MEMBER	1.00	X						0.	0.	0.
MRS. HUNTER ARMISTEAD BOARD MEMBER	1.00	X						0.	0.	0.
MRS. E.M. BASS BOARD MEMBER	1.00	X						0.	0.	0.
MRS. JAMES C. BRADFORD, BOARD MEMBER	1.00	X						0.	0.	0.
MRS. JAMES H CHEEK III BOARD MEMBER	1.00	X						0.	0.	0.
MR. W. JOE DIEHL BOARD MEMBER	1.00	X						0.	0.	0.
MRS. JANE DUDLEY BOARD MEMBER	1.00	X						0.	0.	0.
MR. HOMER B. GIBBS, JR. BOARD MEMBER	1.00	X						0.	0.	0.
MRS. HENRY W. HOOKER BOARD MEMBER	1.00	X						0.	0.	0.
MRS. ROBERTA LOCHTE-JONE BOARD MEMBER	1.00	X						0.	0.	0.
MRS. ELLEN H. MARTIN BOARD MEMBER	1.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

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2009

Open to Public Inspection

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART

Employer Identification number
62-0627921

[illegible]

Schedule J-2 (Form 990) 2009

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public
Inspection

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Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART** Employer identification number **62-0627921**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	197,156.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>FOOD & BEVERA</u>)	X	20	22,124.	RETAIL VALUE
26 Other ▶ (<u>CHAIRS, LIGHT</u>)	X	9	12,241.	RETAIL VALUE
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Open to Public
Inspection

Name of the organization CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART	Employer identification number 62-0627921
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICE CATEGORY: ENVIRONMENT / BOTANICAL & AQUATIC GARDENS

POPULATION SERVED: ADULTS / CHILDREN AND YOUTH (INFANTS - 19 YEARS.)

TEMPORARY ART AND GARDEN EXHIBITIONS

ENCOURAGING DIVERSITY AND INSPIRING ART APPRECIATION THROUGHOUT THE
COMMUNITY

SERVICE CATEGORY: ARTS, CULTURE & HUMANITIES / VISUAL ARTS EXHIBITIONS

POPULATION SERVED: ADULTS / CHILDREN AND YOUTH (INFANTS - 19 YEARS.)

FAMILY CLASSES AND ACTIVITIES

INTERACTIVE ARTS AND CRAFTS INSTRUCTIONAL ACTIVITIES FOR FAMILIES THAT
COMPLEMENT THE PERMANENT AND TRAVELING EXHIBITIONS, BOTH INDOORS AND
OUTDOORS

SERVICE CATEGORY: ARTS, CULTURE & HUMANITIES / VISUAL ARTS INSTRUCTION

POPULATION SERVED: ADULTS / CHILDREN AND YOUTH (INFANTS - 19 YEARS.)

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE AND EXECUTIVE

COMMITTEES REVIEW BOTH DRAFT AND FINAL COPIES OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: WE REVIEW ALL OUR POLICIES YEARLY
INTERNALLY, AS WELL AS CERTAIN ONES WITH THE EXECUTIVE COMMITTEE YEARLY
(SUCH AS THE CONFLICT OF INTEREST POLICY). THE POLICY STATES:

ALL PERSONNEL MUST REFRAIN FROM ANY PRIVATE BUSINESS OR PERSONAL OR
PROFESSIONAL ACTIVITY THAT WOULD BE OR APPEAR TO BE IN CONFLICT WITH THE
INTERESTS OF CHEEKWOOD, OR WHICH WOULD OTHERWISE APPEAR LIKELY TO AFFECT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

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**Open to Public
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Name of the organization	CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART	Employer identification number 62-0627921
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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.

ALL STAFF MUST SIGN THE POLICY HANDBOOK ACKNOWLEDGING THIS POLICY. THE
EXECUTIVE STAFF CONSISTENTLY MONITORS AND WILL REVIEW ANY EMPLOYEE ISSUES
THAT MAY ARISE REGARDING THIS POLICY, WHILE THE EXECUTIVE COMMITTEE REVIEWS
ANY ISSUE IN REGARDS TO UPPER MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT/CEO'S COMPENSATION
PACKAGE IS REVIEWED AND DETERMINED BY THE GOVERNANCE COMMITTEE OF THE BOARD
USING COMPARABLES AND SUBSTANTIATION. TOP MANAGEMENT COMPENSATION IS ALSO
REVIEWED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND THE
CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND FINANCIAL
STATEMENTS ARE ALSO PRESENTED IN OUR ANNUAL REPORT. FORM 990 IS ALSO
AVAILABLE AT WWW.GUIDESTAR.ORG.

PART IV, LINE 12: CONSOLIDATED, INDEPENDENT AUDITED FINANCIAL STATEMENTS
THE ENTITY FILED A SHORT YEAR TAX RETURN IN 2008 TO CHANGE FROM A
SEPTEMBER 30TH YEAR END TO A DECEMBER 31 YEAR END, THE SHORT YEAR 2008
FORM 990 REPORTED INCOME & EXPENSES FOR THE PERIOD OF OCTOBER 1, 2008 -
DECEMBER 31, 2009. THE ORGANIZATION WAS ISSUED AUDITED FINANCIAL
STATEMENTS FOR A 15 MONTH PERIOD THAT COVERED OCTOBER 1, 2008 -
DECEMBER 31, 2009. THE INCOME AND EXPENSES ON THE 2009 TAX RETURN IS
FOR A 12 MONTH PERIOD(THE REPORTING PERIOD) THEREFORE SCHEDULE D IS NOT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
ART

Employer identification number
62-0627921

REQUIRED BECAUSE THE FINANCIAL STATEMENTS WERE FOR A 15 MONTH PERIOD
NOT THE REPORTING PERIOD.

SCHEDULE A, PART II, SECTION A AND SECTION B

THE AMOUNTS FOR 2005, 2006, AND 2007 HAVE BEEN RESTATED TO PROPERLY
REFLECT THE TAXPAYER'S OVERALL METHOD OF ACCOUNTING, ACCRUAL, AS
INDICATED ON FORM 990, PART XI, LINE 1.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions.****2009**

Name of exempt organization

**CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
ART**

Employer identification number

62-0627921

Name and title of officer

**JANE OFFENBACH
PRESIDENT/CEO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 4375851
2a Form 990-EZ check here ▶ ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ ☐	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ ☐	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ ☐	b Balance Due (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

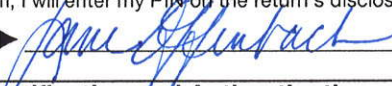
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **KRAFTCPAS PLLC** to enter my PIN **12345**
ERO firm name Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ **9/29/10**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

62570767890

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ **09/28/10**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2009)923051
03-02-10

11200928 781331 11735-11735 2009.04040 CHEEKWOOD BOTANICAL GARDEN 11735-11



FACSIMILE TRANSMITTAL SHEET

TO:
Deanna

FROM:
Christie Slaughter

COMPANY:
Kraft

DATE:
September 29, 2010

FAX NUMBER:
782-4271

TOTAL NO. OF PAGES (INCLUDING COVER):

PHONE NUMBER:

SENDER'S PHONE NUMBER:
615-353-6962

RE:

SENDER'S FAX NUMBER:
615-353-9829

☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

NOTES/COMMENTS:

Signed efile form for you!

Becket Moore

From: Deanna Johnson [djohnson@kraftcpas.com]
Sent: Wednesday, September 29, 2010 2:52 PM
To: Christie Slaughter; Becket Moore
Cc: Kristina Kirby; Kevin Dostaler
Subject: 2009 Form 990 & IRS E-file Authorization
Attachments: 2009 Form 990.pdf; IRS E-file Authorization.pdf

Christie/Becket,

I have attached the approved 2009 Form 990 and the IRS E-file Authorization form that needs to be signed by Jane and sent back to me as soon as possible. We can't release the Form 990 for e-file until we have the signed authorization. Please let me know if you have any questions. Thanks for all of your help and patience with the preparation of the Form 990.

Deanna

Deanna M. Johnson
Senior Associate, Tax Services
KraftCPAs, PLLC
555 Great Circle Road, Suite 200
Nashville, TN 37228
(615) 346-2408-Direct Line
(615) 242-7351-Switchboard
(615) 782-4271- Fax Line

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Resolve to make 2010 the year when you can achieve greater peace of mind.

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We are required by Internal Revenue Service Circular 230 to inform you that any statements contained herein (including any attachments unless expressly stated otherwise) are not intended or written to be used, and cannot be used, for the purpose of avoiding penalties that may be imposed by a taxing authority.



CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
ART
1200 FORREST PARK DRIVE
NASHVILLE, TN 37205-4242

DEAR MR. MOORE:

ENCLOSED IS THE 2009 EXEMPT ORGANIZATION RETURN, AS
FOLLOWS...

2009 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US
WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX
AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE
THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU
MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH
POSSIBLE EXAMINATIONS.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN
FILING THE RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED
RECEIPT FOR PROOF OF TIMELY FILING.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

YOURS VERY TRULY,

KRAFTCPAS PLLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART 1200 FORREST PARK DRIVE NASHVILLE, TN 37205-4242
Prepared by	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2010.