

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

2006Open to Public
Inspection**A** For the 2006 calendar year, or tax year beginning **OCT 1, 2006** and ending **SEP 30, 2007****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**CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART**

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**D** Employer identification number**62-0627921****E** Telephone number**(615) 356-8000****F** Accounting method:☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **WWW.CHEEKWOOD.ORG****J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **9,409,928.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	4,088,292.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	255,286.	
	e	Total (add lines 1a through 1d) (cash \$ 4,058,937. noncash \$ 284,641.)	1e	4,343,578.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,783,029.	
	3	Membership dues and assessments	3	497,680.	
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	177,738.	
	6 a	Gross rents SEE STATEMENT 1	6a	669,142.	
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	669,142.		
7	Other investment income (describe ▶)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
	Less: cost or other basis and sales expenses		8b		
	Gain or (loss) (attach schedule)		8c		
	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 914,191. of contributions reported on line 1b)	9a	1,898,511.		
b	Less: direct expenses other than fundraising expenses	9b	1,007,968.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	890,543.		
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11	40,250.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	8,401,960.		
Expenses	13	Program services (from line 44, column (B))	13	5,751,276.	
	14	Management and general (from line 44, column (C))	14	504,359.	
	15	Fundraising (from line 44, column (D))	15	1,340,418.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	7,596,053.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	805,907.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	23,609,178.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-1,508,747.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	22,906,338.	

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

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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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	432,750.	140,425.	86,530.	205,795.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,131,024.	1,921,427.	98,339.	111,258.
27 Pension plan contributions not included on lines 25a, b, and c	34,294.	30,921.	1,583.	1,790.
28 Employee benefits not included on lines 25a - 27	227,552.	205,171.	10,501.	11,880.
29 Payroll taxes	188,355.	169,830.	8,692.	9,833.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	117,884.	106,023.	4,585.	7,276.
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance	106,151.	65,718.	31,731.	8,702.
38 Printing and publications				
39 Travel	28,926.	17,649.	6,539.	4,738.
40 Conferences, conventions, and meetings				
41 Interest	53,778.	5,073.	48,701.	4.
42 Depreciation, depletion, etc. (attach schedule)	721,465.	608,607.	98,365.	14,493.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	3,553,874.	2,480,432.	108,793.	964,649.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	7,596,053.	5,751,276.	504,359.	1,340,418.

Joint Costs. Check ☐ If you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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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? ► SEE STATEMENT 8

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

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

a SEE STATEMENT 5(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

3,670,889.

b SEE STATEMENT 6(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

166,471.

c SEE STATEMENT 7(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

1,913,916.

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) ►

5,751,276.

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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	1,843,857.	1,748,074.
	46 Savings and temporary cash investments	112,528.	730,756.
	47 a Accounts receivable 47a 35,447.		
	b Less: allowance for doubtful accounts 47b	152,576.	35,447.
	48 a Pledges receivable 48a 717,684.		
	b Less: allowance for doubtful accounts 48b	789,119.	717,684.
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable 51a		
	b Less: allowance for doubtful accounts 51b		
	52 Inventories for sale or use	107,043.	209,770.
	53 Prepaid expenses and deferred charges	88,639.	94,715.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,446,225.	3,762,514.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
55 a Investments - land, buildings, and equipment: basis 55a 28,874,948.			
b Less: accumulated depreciation 55b 10,534,731.	16,135,260.	18,340,217.	
56 Investments - other			
57 a Land, buildings, and equipment: basis 57a			
b Less: accumulated depreciation 57b			
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 9)	1,154,027.	560,549.	
59 Total assets (must equal line 74). Add lines 45 through 58	24,829,274.	26,199,726.	
Liabilities	60 Accounts payable and accrued expenses	572,702.	961,618.
	61 Grants payable		
	62 Deferred revenue	75,647.	17,165.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 10	571,747.	2,314,605.
	65 Other liabilities (describe <input type="checkbox"/>)		
66 Total liabilities. Add lines 60 through 65	1,220,096.	3,293,388.	
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	18,430,982.	17,876,899.
	68 Temporarily restricted	2,439,544.	2,501,387.
	69 Permanently restricted	2,738,652.	2,528,052.
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	23,609,178.	22,906,338.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	24,829,274.	26,199,726.

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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	8,986,735.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	544,334.
2	Donated services and use of facilities	b2	40,441.
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	584,775.
c	Subtract line b from line a	c	8,401,960.
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	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	8,401,960.

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

a	Total expenses and losses per audited financial statements	a	7,636,494.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	40,441.
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	40,441.
c	Subtract line b from line a	c	7,596,053.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 8b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	7,596,053.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JACK BECKER CHEEKWOOD - 1200 FORREST PARK DRIVE NASHVILLE, TN 37205-4242	PRESIDENT 10/1	1/06-9/30/07 60.00	204,054.	12,147.
ANGIE ADAMS CHEEKWOOD - 1200 FORREST PARK DRIVE NASHVILLE, TN 37205-4242	CFO/COO 10/1	06-9/30/07 45.00	81,356.	3,458.
SUSAN HOSBACH CHEEKWOOD - 1200 FORREST PARK DRIVE NASHVILLE, TN 37205-4242	DEVELOP. DIRECTOR 10/1	06-9/30/07 55.00	98,226.	7,354.
TONIA HORTON CHEEKWOOD - 1200 FORREST PARK DRIVE NASHVILLE, TN 37205-4242	PROGRAM DIRECTOR 10/1	06-12/8/06 40.00	18,431.	1,178.
ALLISON REID CHEEKWOOD - 1200 FORREST PARK DRIVE NASHVILLE, TN 37205-4242	PROGRAM DIRECTOR 8/16	06-9/30/07 50.00	6,546.	0.
SEE ATTACHED LIST OF NONCOMPENSATED BOARD OF DIRECTORS NASHVILLE, TN 37205-4242	DIRECTORS	1.25	0.	0.

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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 40,441.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	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?	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?	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 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X		
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?	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.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ TN	90b	101
b	Number of employees employed in the pay period that includes March 12, 2006 90b 101		
91 a	The books are in care of ▶ ANGIE ADAMS Telephone no. ▶ 615-353-6959		
	Located at ▶ CHEEKWOOD 1200 FORREST PARK DRIVE, NASHVILLE, ZIP + 4 ▶ 37205-4242		
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 ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ XIf "Yes," enter the name of the foreign country N/A92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a ADMISSIONSb EDUCATION & SPECIALc PROJECTSd FOOD & GIFT SALES

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

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

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a MISCELLANEOUS INCOME

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 13**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
<u>N/A</u>	%			
	%			
	%			
	%			

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).

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please
Sign
Here

Signature of officer _____ Date _____
JACK BECKER, PRESIDENT
Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature _____ Date 01/29/08 Check if self-employed ☒ Preparer's SSN or PTIN (See Gen. Inst. X) _____
Firm's name (or yours if self-employed), address, and ZIP + 4 KRAFTCPAS PLLC
555 GREAT CIRCLE ROAD, SUITE 200
NASHVILLE, TN 37228-1310 EIN _____
Phone no. (615) 242-7351

Form 990 (2006)

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

OMB No. 1545-1878

For calendar year 2006, or fiscal year beginning OCT 1, 2006, and ending SEP 30, 2007**2006**Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

Return ID (20-digit number) ▶

N/A

Name of exempt organization **CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
ART**Employer identification number
62-0627921Name and title of officer
**JACK BECKER
PRESIDENT****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 from the return if any. 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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>8401960</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	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 2006 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 _____ ERO firm name _____ to enter my PIN _____ do not enter all zeros
as my signature on the organization's tax year 2006 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 2006 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 ▶ 2-6-08**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 62570719546
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ _____ Date ▶ 02/01/08

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

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. 1546-0047

2006

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANNE CLAYTON CHEEKWOOD - 1200 FORREST PARK DRIVE,	FOOD & BEV MANAGER 45.00	68,004.	5,908.	
JOCHEN WIERICH CHEEKWOOD - 1200 FORREST PARK DRIVE,	CURATOR OF ART 45.00	54,669.	5,166.	
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
MICHAEL O. DELEVANTE 1908 ACKLEN AVE, NASHVILLE, TN 37212	ADVERTISING	68,291.
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
ALLGOOD OUTDOORS, INC 5235 UNION HILL ROAD, CUMMING, GA 30040	POND RESTORATION	277,200.
JOE LEE/LEE'S BAR AND WAITER SERVICE 4591 CLARKSVILLE HIGHWAY, NASHVILLE, TN 37218	WAIT STAFF	160,192.
T&M EVENT RENTALS 409 HARDING ROAD, NASHVILLE, TN 37211	RENTAL EQUIPMENT	129,600.
ARS SERVICE EXPRESS P.O. BOX 40505, NASHVILLE, TN 37204	PLUMBING	76,304.
Total number of other contractors receiving over \$50,000 for other services	0	

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule A (Form 990 or 990-EZ) 2006 **ART**

62-0627921 Page **2**

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 Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	0.	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Schedule A (Form 990 or 990-EZ) 2006

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule A (Form 990 or 990-EZ) 2006 ART

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Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule A (Form 990 or 990-EZ) 2006 ART

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,352,296.	3,125,011.	2,874,898.	2,956,744.	12,308,949.
16 Membership fees received	500,257.	485,959.	419,629.	370,001.	1,775,846.
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	2,926,170.	2,867,410.	2,820,513.	3,143,017.	11,757,110.
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	568,608.	604,354.	608,014.	604,216.	2,385,192.
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	34,620.	16,028.	SEE STATEMENT 15 10,725.	2,095.	63,468.
23 Total of lines 15 through 22	7,381,951.	7,098,762.	6,733,779.	7,076,073.	28,290,565.
24 Line 23 minus line 17	4,455,781.	4,231,352.	3,913,266.	3,933,056.	16,533,455.
25 Enter 1% of line 23	73,820.	70,988.	67,338.	70,761.	

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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	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:
(2005) 0. (2004) 0. (2003) 0. (2002) 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:
(2005) 0. (2004) 0. (2003) 0. (2002) 0.

c Add: Amounts from column (e) for lines: 15 12,308,949. 16 1,775,846. 17 11,757,110. 20 21 27c 25,841,905.

d Add: Line 27a total 0. and line 27b total 0. 27d 0.

e Public support (line 27c total minus line 27d total) 27e 25,841,905.

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27f 28,290,565.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 91.3446%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 8.4311%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Schedule A (Form 990 or 990-EZ) 2006

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule A (Form 990 or 990-EZ) 2006 ART

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Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

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

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

Schedule A (Form 990 or 990-EZ) 2006

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Schedule A (Form 990 or 990-EZ) 2006 **ART**

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

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated 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 - The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
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 13 of the instructions.)

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

	Yes	No	Amount
a Volunteers	<input checked="" type="checkbox"/>		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	<input checked="" type="checkbox"/>		
c Media advertisements	<input checked="" type="checkbox"/>		
d Mailings to members, legislators, or the public	<input checked="" type="checkbox"/>		
e Publications, or published or broadcast statements	<input checked="" type="checkbox"/>		
f Grants to other organizations for lobbying purposes	<input checked="" type="checkbox"/>		
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input checked="" type="checkbox"/>		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input checked="" type="checkbox"/>		
i Total lobbying expenditures (Add lines c through h.)			0.

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

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01-18-07

Schedule A (Form 990 or 990-EZ) 2006

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
PROPERTY RENTAL	1	19,200.
OCCASIONAL FACILITY RENTALS	2	649,942.
TOTAL TO FORM 990, PART I, LINE 6A		669,142.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SWAN BALL	2,812,702.	914,191.	1,898,511.	1007968.	890,543.
TO FM 990, PART I, LINE 9	2,812,702.	914,191.	1,898,511.	1007968.	890,543.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON INVESTMENTS	458,065.
SPIN-OUT NET ASSETS - OWL'S HILL SANCTUARY	-1,599,523.
PRIOR PERIOD AUDIT ADJUSTMENT	-453,558.
INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE	53,006.
CHANGE IN VALUE OF SPLIT INTEREST GIFTS	33,263.
TOTAL TO FORM 990, PART I, LINE 20	-1,508,747.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COMMUNICATION, ADVERTISING, AND DONOR CULTIVATION EXHIBITIONS & PUBLIC PROGRAMS	451,311.	338,166.	21,187.	91,958.
	453,909.	444,605.	1,641.	7,663.

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

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PROFESSIONAL FEES &				
CONTRACT SERVICES	266,067.	221,668.	32,640.	11,759.
COST OF GOODS SOLD	805,205.	805,205.		
INSURANCE	135,372.	122,490.	12,791.	91.
MAINTENANCE	193,130.	178,283.	11,415.	3,432.
MISCELLANEOUS	45,974.	18,233.	23,932.	3,809.
BAD DEBT EXPENSE	5,394.	4,906.		488.
UTILITIES	316,431.	303,126.	1,885.	11,420.
OTHER EVENTS &				
PROJECTS	825,370.			825,370.
BANK FEES	55,711.	43,750.	3,302.	8,659.
TOTAL TO FM 990, LN 43	3,553,874.	2,480,432.	108,793.	964,649.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
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DESCRIPTION OF PROGRAM SERVICE ONE

EXHIBITIONS & PROGRAMS: CHEEKWOOD PROVIDES A WIDE VARIETY OF ACTIVITIES INSPIRED BY ITS EXTENSIVE INDOOR AND OUTDOOR COLLECTIONS. THE MUSEUM OF ART, ACCREDITED BY THE AMERICAN ASSOCIATION OF MUSEUMS, IS HOUSED IN THE FORMER CHEEK RESIDENCE AND NAMED TO THE NATIONAL REGISTER OF HISTORIC PLACES. IT OFFERS A SPECTRUM OF AMERICAN AND EUROPEAN ART AND DECORATIVE ARTS THROUGH ITS PERMANENT COLLECTION AND HOSTED TRAVELING EXHIBITIONS, AND IS ALSO RECOGNIZED AS A CENTER FOR CONTEMPORARY ART. THE BOTANICAL GARDEN, NAMED IN THE TOP FIVE SOUTHERN GARDENS, ENCOMPASSES 55 ACRES OF WOODLAND, PASTORAL AND LANDSCAPED GARDENS. ORIGINAL SECTIONS DESIGNED BY BRYANT FLEMING IN 1930 MINGLE HARMONIOUSLY WITH SPECIALIZED GARDENS FEATURING OUTSTANDING COLLECTIONS OF PERENNIALS, HERBS, DOGWOOD, AND WILDFLOWERS AMONG OTHERS. THESE OFFERINGS ARE BROUGHT ALIVE REGULARLY THROUGH CLASSES, LECTURES, FAMILY DAYS AND FESTIVALS. DURING THE FISCAL YEAR, CHEEKWOOD FEATURED SEVERAL EXHIBITIONS FROM THE PERMANENT COLLECTION, AN INDOOR/OUTDOOR TRAVELING SCULPTURE SHOW, A GALLERY FILLED WITH A COLLECTION OF FABERG OBJECTS, TWO DISTINCT CONTEMPORARY VIDEO INSTALLATIONS, FOUR CONTEMPORARY ART INSTALLATIONS AND AN OUTDOOR INSTALLATION OF SETTINGS FROM CHILDREN'S STORYBOOK.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		3,670,889.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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DESCRIPTION OF PROGRAM SERVICE TWO

OWL'S HILL NATURE SANCTUARY: OWL'S HILL RESIDES ON NEARLY 160 ACRES OF PRESERVED ANCIENT HARDWOOD FOREST AND RECOVERED FARMLAND IN NEARBY WILLIAMSON COUNTY. THIS GREEN SPACE WAS ESTABLISHED AS A NATURE SANCTUARY OFFERING WILDLIFE COUNTS, HABITAT STUDY AND A RESTORATION AREA FOR NATIVE FLORA AND FAUNA. BY DESIGN TO LIMIT HABITAT OVEREXPOSURE, VISITATION IS OFFERED ONLY FOR EDUCATIONAL PROGRAMS INCLUDING SCOUTING, NATURE CAMPS AND SCHOOL FIELD TRIPS. COMMITTED VOLUNTEERS JOIN TEACHING, CONSERVATION AND ON-HANDS RESTORATION PROJECTS WELCOMING MORE THAN 7,000 VISITORS ANNUALLY. OWL'S HILL BECAME A SEPARATE 501(C)3 ORGANIZATION IN APRIL 2007.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		166,471.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	7
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DESCRIPTION OF PROGRAM SERVICE THREE

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, WHICH WERE ATTENDED BY MORE THAN 15,000 PEOPLE.

	GRANTS	EXPENSES	
TO FORM 990, PART III, LINE C		1,913,916.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	8
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EXPLANATION

CHEEKWOOD INSPIRES AND EDUCATES BY MAKING ART, HORTICULTURE AND NATURE ACCESSIBLE TO A DIVERSE COMMUNITY.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	560,549.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	560,549.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 10

LENDER'S NAME		TERMS OF REPAYMENT	
SUNTRUST		MONTHLY INTEREST	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
VARIOUS	05/04/08	600,000.	6.22%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	
DEPOSITS AND SECURITIES		FUND OPERATIONS	
RELATIONSHIP OF LENDER			
NONE			

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
NONE	0.	559,747.

LENDER'S NAME		TERMS OF REPAYMENT	
SUNTRUST		MONTHLY INTEREST	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
VARIOUS	05/05/08	700,000.	7.12%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	
DEPOSITS AND SECURITIES		FUND OPERATIONS	
RELATIONSHIP OF LENDER			
NONE			

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
NONE	0.	185,030.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
SUNTRUST	MONTHLY PRINCIPAL & INTEREST OF \$1,689

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
01/19/07	01/19/12	85,000.	7.05%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
SECURITY EQUIPMENT	SECURITY EQUIPMENT PURCHASE

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
NONE	0.	75,331.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
SUNTRUST	MONTHLY PRINCIPAL & INTEREST OF \$625

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
10/18/06	10/18/09	20,233.	6.95%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
KITCHEN EQUIPMENT	KITCHEN EQUIPMENT PURCHASE

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
NONE	0.	14,497.

LENDER'S NAME		TERMS OF REPAYMENT	
SUNTRUST		MONTHLY INTEREST	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
09/28/07	03/28/09	1,480,000.	6.65%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	
PURCHASED LAND AND ALL DEPOSITS AND INVESTMENTS MAINTAINED AT SUNTRUST		LAND PURCHASE	

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
NONE	0.	1,480,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	2,314,605.
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FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 11
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			3,762,514.	3,762,514.
TO FORM 990, LINE 54A, COL B				3,762,514.	3,762,514.

FORM 990	STATEMENT OF CHANGES IN ACTIVITIES PART VI, LINE 76	STATEMENT 12
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EXPLANATION

DURING 2007, OWL'S HILL SANCTUARY (OWL'S HILL) WAS GRANTED SEPARATE 501(C)(3) STATUS AS A NOT-FOR-PROFIT ORGANIZATION BY THE INTERNAL REVENUE SERVICE. AS OF MAY 1, 2007, NET ASSETS OF \$1,599,523 ATTRIBUTABLE TO OWL'S HILL WERE DISTRIBUTED TO THE NEW ENTITY, AS FOLLOWS:

CASH AND CASH EQUIVALENTS	86,208
INVESTMENTS, AT MARKET VALUE	1,305,537
PROPERTY, PLANT AND EQUIPMENT, NET	207,778

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 13
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A FEES TO PROVIDE MUSEUM EXHIBITS
 93B FEES TO PROVIDE EDUCATION AND ACCESS TO SPECIAL PROJECTS
 93C FEES TO PROVIDE FOOD, BEVERAGE, AND GIFTS TO PATRONS
 94 MEMBERSHIP FEES ARE USED TO FURTHER SUPPORT THE MANY PROGRAMS
 97B FEES FROM THE OCCASIONAL RENTAL OF FACILITIES TO MEMBERS
 103A MISCELLANEOUS INCOME RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE

GENERAL EXPLANATION

STATEMENT 14

FORM 990, PART IV, LINE 55:

LAND, BUILDINGS, EQUIPMENT AND FURNISHINGS ARE STATED AT COST OR, IF DONATED, AT FAIR MARKET VALUE AT THE DATE OF DONATION. DEPRECIATION OF PLANT AND EQUIPMENT IS PROVIDED ON A STRAIGHT-LINE BASIS OVER ESTIMATED USEFUL LIVES RANGING FROM FIVE TO FORTY YEARS.

FIXED ASSETS ARE COMPRISED OF THE FOLLOWING AT SEPTEMBER 30, 2007:

LAND	2,620,000
BUILDINGS	23,853,152
EQUIPMENT AND FURNISHINGS	2,401,796
TOTAL	28,874,948
LESS: ACCUMULATED DEPRECIATION	(10,534,731)
TOTAL - NET	18,340,217

SCHEDULE A OTHER INCOME STATEMENT 15

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS INCOME	34,620.	16,028.	10,725.	2,095.
TOTAL TO SCHEDULE A, LINE 22	34,620.	16,028.	10,725.	2,095.

Depreciation and Amortization 990

► See separate instructions.

▶ **Attach to your tax return.**

OMB No. 1545-0172

2006

Attachment
Sequence No. 67

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF
ART

Business or activity to which this form relates

Identifying number

FORM 990 PAGE 2

62-0627921

Part I Election To Expense Certain Property Under Section 179 *Note: If you have any listed property, complete Part V before you complete Part I.*

- | | | | |
|---|---|---|----------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | 108,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 430,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	

- | | | | |
|----|---|----|--|
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2005 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

- | | | |
|---|-----------|--|
| 14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III	MACRS Depreciation (Do not include listed property.) (See instructions.)
-----------------	---

Section A

- | | | |
|--|----|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2006 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

Section 2 Assets Placed in Service During 2000 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV	Summary (see instructions)
----------------	-----------------------------------

- | | | |
|---|-----------|----------|
| 21 Listed property. Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.
Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 721,465. |
| 23 For assets shown above and placed in service during the current year, enter the
portion of the basis attributable to section 263A costs | 23 | |

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF

Form 4562 (2006)

ART

62-0627921 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
	:	:			
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

***** THIS IS NOT A FILEABLE COPY *****

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

For calendar year 2006, or fiscal year beginning OCT 1, 2006, and ending SEP 30, 2007

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

▶ **See instructions.**

2006

Return ID (20-digit number) ▶

N/A

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

Employer identification number
62-0627921

Name and title of officer
**JACK BECKER
PRESIDENT**

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 from the return if any. 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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>8401960</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	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 2006 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 _____ to enter my PIN _____
ERO firm name do not enter all zeros
as my signature on the organization's tax year 2006 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 2006 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 ▶ ******* THIS IS NOT A FILEABLE COPY ******* Date ▶ _____

Part III Certification and Authentication

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

62570719546

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ _____ Date ▶ 01/29/08

**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.
623051
10-30-06

Form **8879-EO** (2006)



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2006-2007**

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