

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

2004Open to Public
InspectionA For the 2004 calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**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
Instruc-
tions.C Name of organization
**CHEEKWOOD - TENNESSEE BOTANICAL
GARDENS AND MUSEUM OF ART**Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1200 FORREST PARK DRIVECity 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 ▶

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 or-
ganization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).G Website: ▶ **WWW.CHEEKWOOD.ORG**J Organization type (check only one) ▶ ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS; but if the organization received a Form 990 Package
in the mail, it should file a return without financial data. Some states require a complete return.L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7,621,264.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	2,825,249.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	266,250.		
	d	Total (add lines 1a through 1c) (cash \$ 2,983,446. noncash \$ 108,053.)	1d	3,091,499.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	1,577,135.	
	3	Membership dues and assessments		3	485,959.	
	4	Interest on savings and temporary cash investments		4	5,460.	
	5	Dividends and interest from securities		5	97,959.	
	6 a	Gross rents	6a	500,935.		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	500,935.		
7	Other investment income (describe ▶)		7			
Revenue	8 a	Gross amount from sales of assets other than inventory	(A) Securities	8a	351,014.	
	b	Less: cost or other basis and sales expenses	<138,584.>	8b	184,702.	
	c	Gain or (loss) (attach schedule)	343,584.	8c	166,312.	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 3	STMT 4	8d	509,896.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 760,964. of contributions reported on line 1a)	9a	1,290,275.		
	b	Less: direct expenses other than fundraising expenses	9b	393,800.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 5	9c	896,475.	
	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	16,028.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	7,181,346.		
Expenses	13	Program services (from line 44, column (B))		13	4,824,457.	
	14	Management and general (from line 44, column (C))		14	706,299.	
	15	Fundraising (from line 44, column (D))		15	903,357.	
	16	Payments to affiliates (attach schedule)		16		
	17	Total expenses (add lines 16 and 44, column (A))		17	6,434,113.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	747,233.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	22,279,639.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6		20	9,571.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	23,036,443.	

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

Form 990 (2004)

**CHEEKWOOD - TENNESSEE BOTANICAL
GARDENS AND MUSEUM OF ART**

62-0627921

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.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	250,670.	91,887.	131,394.	27,389.
26	Other salaries and wages	2,026,743.	1,739,712.	139,992.	147,039.
27	Pension plan contributions				
28	Other employee benefits	215,894.	158,488.	35,838.	21,568.
29	Payroll taxes	169,162.	124,213.	28,105.	16,844.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	153,881.	140,640.	6,583.	6,658.
34	Telephone	39,112.	22,643.	10,464.	6,005.
35	Postage and shipping	25,245.	12,908.	1,307.	11,030.
36	Occupancy	267,434.	239,381.	19,283.	8,770.
37	Equipment rental and maintenance	57,337.	24,182.	32,416.	739.
38	Printing and publications	40,779.	20,850.	2,100.	17,829.
39	Travel	37,486.	20,129.	15,767.	1,590.
40	Conferences, conventions, and meetings				
41	Interest	26,945.	70.	26,875.	
42	Depreciation, depletion, etc. (attach schedule) ...	635,031.	527,826.	94,713.	12,492.
43	Other expenses not covered above (itemize):				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 7				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	6,434,113.	4,824,457.	706,299.	903,357.

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 \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ☐

SEE ATTACHED

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

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

a	EXHIBITIONS & PROGRAMS: SEE ATTACHED STATEMENT	
	(Grants and allocations \$ _____)	3,107,414.
b	OWL'S HILL NATURE SANCTUARY: SEE ATTACHED STATEMENT	
	(Grants and allocations \$ _____)	188,352.
c	RESTAURANT & GIFT SHOP: SEE ATTACHED STATEMENT	
	(Grants and allocations \$ _____)	1,528,691.
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	
	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,824,457.

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**CHEEKWOOD - TENNESSEE BOTANICAL
GARDENS AND MUSEUM OF ART**

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Part IV Balance Sheets

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	628,855.	45	1,553,893.
	46 Savings and temporary cash investments	247,410.	46	140,421.
	47 a Accounts receivable 47a 158,876.			
	b Less: allowance for doubtful accounts 47b	468,512.	47c	158,876.
	48 a Pledges receivable 48a 1,168,121.			
	b Less: allowance for doubtful accounts 48b	891,997.	48c	1,168,121.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use	141,764.	52	89,376.
	53 Prepaid expenses and deferred charges	76,365.	53	91,620.
	54 Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,863,356.	54	4,225,684.
	55 a Investments - land, buildings, and equipment: basis 55a 25,582,159.			
	b Less: accumulated depreciation 55b 9,326,145.	16,878,964.	55c	16,256,014.
56 Investments - other		56		
57 a Land, buildings, and equipment: basis 57a				
b Less: accumulated depreciation 57b		57c		
58 Other assets (describe SEE STATEMENT 9)	504,901.	58	557,416.	
59 Total assets (add lines 45 through 58) (must equal line 74)	23,702,124.	59	24,241,421.	
Liabilities	60 Accounts payable and accrued expenses	696,393.	60	499,204.
	61 Grants payable		61	
	62 Deferred revenue	124,226.	62	105,369.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 10	601,866.	64b	600,405.
	65 Other liabilities (describe SEE STATEMENT 9)		65	
66 Total liabilities (add lines 60 through 65)	1,422,485.	66	1,204,978.	
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	17,913,128.	67	18,283,939.
	68 Temporarily restricted	1,706,743.	68	2,074,142.
	69 Permanently restricted	2,659,768.	69	2,678,362.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	22,279,639.	73	23,036,443.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	23,702,124.	74	24,241,421.

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.

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Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	6,618,832.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities ... \$ 184,719.		
(2)	Prior year adjustments reported on line 20, Form 990 ... \$		
(3)	Losses reported on line 20, Form 990 ... \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4) ...	b	184,719.
c	Line a minus line b	c	6,434,113.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2) ...	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	6,434,113.

(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	(E) Expense account and other allowances
JANE JERRY CHEEKWOOD - 1200 FORREST PARK DRIVE NASHVILLE, TN 37205-4242	PRESIDENT 50 HRS/WEEK	 52,975.	 949.	 415
JACK BECKER CHEEKWOOD - 1200 FORREST PARK DRIVE NASHVILLE, TN 37205-4242	PRESIDENT 60 HRS/WEEK	 134,195.	 6,869.	 0.
ANGIE ADAMS CHEEKWOOD - 1200 FORREST PARK DRIVE NASHVILLE, TN 37205-4242	CFO/COO 45 HRS/WEEK	 63,500.	 1,448.	 0.
SEE ATTACHED LIST OF NONCOMPENSATED BOARD OF DIRECTORS	5 HRS/MONTH	0.	0.	0.
- - - - - - - - - - - - - - -				
- - - - - - - - - - - - - - -				
- - - - - - - - - - - - - - -				
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**CHEEKWOOD - TENNESSEE BOTANICAL
GARDENS AND MUSEUM OF ART**

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ADMISSIONS					259,755.
b EDUC & SPEC PROJECTS					171,988.
c FOOD & GIFT SALES			03	195,260.	950,132.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					485,959.
95 Interest on savings and temporary cash investments			14	5,460.	
96 Dividends and interest from securities			14	97,959.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	233,764.	
98 Net rental income or (loss) from personal property			03	267,171.	
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	509,896.	
101 Net income or (loss) from special events			06	896,475.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					16,028.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,205,985.	1,883,862.
105 Total (add line 104, columns (B), (D), and (E))					4,089,847.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of 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 11

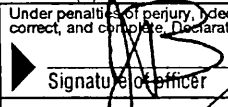
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

Please Sign Here	Under penalty 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.			
	<div style="display: flex; justify-content: space-between;"> <div>  Signature of officer </div> <div> 1-3-06 Date </div> <div> Jack Becker President/CEO Type or print name and title. </div> </div>			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228-1310	01/10/06 Date	EIN 62-0627921	Phone no. (615) 242-7351

Form 990 (2004)

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2004

Name of the organization **CHEEKWOOD - TENNESSEE BOTANICAL
GARDENS 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 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN ROBERT BRACKMAN CHEEKWOOD - 1200 FORREST PARK DRIVE, NASHVILLE, TN 37205-4242	BOTANIC DIR 50	80,939.	4,986.	
MARY GRISSIM CHEEKWOOD - 1200 FORREST PARK DRIVE, NASHVILLE, TN 37205-4242	EDUCATION DIR 40	56,042.	4,368.	
ANNE CLAYTON CHEEKWOOD - 1200 FORREST PARK DRIVE, NASHVILLE, TN 37205-4242	CATERING DIR 45	66,435.	3,011.	
Total number of other employees paid over \$50,000 ▶	0			

Part II 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
WHITE, THOMPSON, CUNNINGHAM P.O. BOX 305172, DEPARTMENT 19, NASHVILLE, TN 372	ADVERTISING	57,504.
Total number of others receiving over \$50,000 for professional services ▶	0	

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

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

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

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

Provide the following information about the supported organizations. (See page 5 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

CHEEKWOOD - TENNESSEE BOTANICAL

Schedule A (Form 990 or 990-EZ) 2004 **GARDENS AND MUSEUM OF 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,874,898.	2,956,744.	2,913,980.	4,433,566.	13,179,188.
16 Membership fees received	419,629.	370,001.	440,435.	405,159.	1,635,224.
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	3,612,650.	3,098,707.	1,052,498.	2,034,557.	9,798,412.
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	608,014.	604,216.	639,587.	393,727.	2,245,544.
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	10,725.	2,095.	SEE STATEMENT 12		12,820.
23 Total of lines 15 through 22	7,525,916.	7,031,763.	5,046,500.	7,267,009.	26,871,188.
24 Line 23 minus line 17	3,913,266.	3,933,056.	3,994,002.	5,232,452.	17,072,776.
25 Enter 1% of line 23	75,259.	70,318.	50,465.	72,670.	
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 2000 through 2003 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: (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 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 11, 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: (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.					
c Add: Amounts from column (e) for lines: 15 <u>13,179,188.</u> 16 <u>1,635,224.</u> 17 <u>9,798,412.</u> 20 _____ 21 _____					27c 24,612,824.
d Add: Line 27a total _____ 0. and line 27b total _____ 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 24,612,824.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			26,871,188.		27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					91.5956%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					8.3567%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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. <div align="center">NONE</div>					

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

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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) 2004

CHEEKWOOD - TENNESSEE BOTANICAL

Schedule A (Form 990 or 990-EZ) 2004 GARDENS AND MUSEUM OF ART

62-0627921 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

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

Check ☒ **a** ☐ if the organization belongs to an affiliated group. Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

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

(a)
Affiliated group
totals(b)
To be completed for ALL
electing organizations

N/A

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table -			
	If the amount on line 40 is - The lobbying nontaxable amount is -			
	Not over \$500,000			
	Over \$500,000 but not over \$1,000,000			
	Over \$1,000,000 but not over \$1,500,000			
	Over \$1,500,000 but not over \$17,000,000			
	Over \$17,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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

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

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

h. If "Yes," complete the following schedule: N/A

[illegible]

FOOTNOTES

STATEMENT 1

FORM 990, PART II, LINE 42:

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 SEVEN TO FORTY YEARS.

FIXED ASSETS ARE COMPRISED OF THE FOLLOWING
AT SEPTEMBER 30, 2005:

LAND	520,000.
BUILDINGS	23,140,342.
EQUIPMENT AND FURNISHINGS	1,921,817.
	<hr/>
TOTAL	25,582,159.
LESS: ACCUMULATED DEPRECIATION	<9,326,145.>
	<hr/>
TOTAL - NET	16,256,014.
	<hr/>

FORM 990	RENTAL INCOME	STATEMENT	2
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
COMPANY FACILITIES - OCCASIONAL RENTAL	1	233,764.
RENTED EQUIPMENT - OCCASIONAL RENTAL	2	267,171.
TOTAL TO FORM 990, PART I, LINE 6A		500,935.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	205,000.	<138,584.>	0.	343,584.
TO FORM 990, PART I, LINE 8	205,000.	<138,584.>	0.	343,584.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	4
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF PROPERTY	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	351,014.	184,702.	0.	0.
TO FM 990, PART I, LN 8	351,014.	184,702.	0.	0.
				166,312.
				166,312.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	5
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SWAN BALL	2,051,239.	760,964.	1,290,275.	393,800.	896,475.
TO FM 990, PART I, LINE 9	2,051,239.	760,964.	1,290,275.	393,800.	896,475.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
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DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON INVESTMENTS	9,571.
TOTAL TO FORM 990, PART I, LINE 20	9,571.

FORM 990	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	258,916.	256,919.	1,938.	59.
ART COSTS	43,573.	43,573.		
BANK CHARGES	52,910.	39,201.	10,851.	2,858.
CONTRACT SERVICES	241,201.	134,722.	87,672.	18,807.
COST OF GOODS SOLD	689,052.	689,052.		

DUES AND SUBSCRIPTIONS	10,541.	3,248.	6,254.	1,039.
EXHIBITIONS & SHOWS	205,103.	202,578.		2,525.
INSURANCE	115,141.	101,925.	13,216.	
MAINTENANCE	157,686.	133,828.	19,790.	4,068.
MISCELLANEOUS	1,314.		1,096.	218.
SECURITY	44,658.	37,905.	5,605.	1,148.
STAFF DEVELOPMENT	6,033.	2,850.	3,173.	10.
OTHER EVENTS AND PROJECTS	558,881.	8,926.		549,955.
TAXES AND PERMITS	19,914.	7,818.	11,796.	300.
BAD DEBT EXPENSE	50,864.	9,751.		41,113.
VOLUNTEER RECOGNITION	5,791.	2,746.	71.	2,974.
ART SHIPPING	26,816.	26,486.		330.
TOTAL TO FM 990, LN 43	2,488,394.	1,701,528.	161,462.	625,404.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	FMV			1,335,453.	1,335,453.
MUTUAL FUNDS	FMV			2,890,231.	2,890,231.
ISRAEL BOND	FMV			0.	
TO FORM 990, LINE 54, COL B				4,225,684.	4,225,684.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
CASH SURRENDER VALUE OF LIFE INSURANCE	557,416.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	557,416.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 10

LENDER'S NAME TERMS OF REPAYMENT

SUNTRUST MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
VARIOUS	05/04/06	600,000.	4.79%

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.	572,647.

LENDER'S NAME TERMS OF REPAYMENT

SUNTRUST MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
VARIOUS	05/04/06	700,000.	6.19%

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.	27,758.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

600,405.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 11
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEEs TO PROVIDE MUSEUM EXHIBITS, BOOKS AND SUBSCRIPTIONS
93B	FEEs TO PROVIDE EDUCATION AND SPECIAL PROJECTS
93C	FEEs TO PROVIDE FOOD, BEVERAGE, AND GIFTS TO PATRONS
94	MEMBERSHIP FEEs ARE USED TO FURTHER SUPPORT THE MANY PROGRAMS
103A	MISCELLANEOUS INCOME

SCHEDULE A	OTHER INCOME	STATEMENT 12
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DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS INCOME	10,725.	2,095.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	10,725.	2,095.	0.	0.

CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART
BOARD OF TRUSTEES
2004-2005

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	1208 Nichol Lane Nashville, TN 37205	Home: 386-3896

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Mr. Lee A. Beaman LAB@BeamanAuto.com	Beaman Automotive Group 1525 Broadway Nashville, TN 37203	Office: 251-8483
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Mrs. Clay T. Jackson (Cathy)* TALLUJACK@aol.com	5819-Hillsboro Rd. Nashville, TN 37215	Home: 665-2442 Fax: 665-0104

2006 continued

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	6 Middleton Park Lane Nashville, TN 37215	Home: 661-4897

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Mr. Stephen E. Blackmon, Jr. seblackmon@comcast.net	Rogers Manufacturing P.O. Box 100187 Nashville, TN 37224	Office: 244-9720 Fax: 244-9719
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Mr. Gregory S. Daily* gdaily@ipayments.com	iPayment Technologies, Inc. 20 Burton Hills - Suite 520 Nashville, TN 37215	Office: 665-1858 Fax: 665-8434
	5353 Hillsboro Pike Nashville, TN 37215	Home: 665-9144
Mr. William F. Hagerty bhagerty@hagertypeterson.com	Hagerty Peterson & Company, LLC 4525 Harding Rd., Suite 200 Nashville, TN 37025	Office: 620-4530 Fax: 620-4532 Cell: 202-256-6680
Mrs. Nancy S. Peterson* npeterson@petersonstool.com please fax to her as well	Peterson Tool Company 739 Fesslers Lane Nashville, TN 37210	Office: 242-7341 Fax: 242-7362
	Three Whithall 3701 West End Ave. Nashville, TN 37210.	Home: 292-3603 Fax: 292-0057
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	4343 Glen Eden Place Nashville, TN 37205	Home: 383-4183
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Mrs. Joe Russell (Anne) - Secretary

Mrs. Jack W. Shepherd (Anne)
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Mr. David Obolensky
Museum of Art Committee Chair
Mr. Donald B. Taylor
Education Committee Chair
Dr. Carl W. Zimmerman
Owl's Hill Committee Chair
Vacant
Botanic Garden Committee Chair

Program Services – Cheekwood is a premiere cultural resource for Tennessee residents and visitors to Middle Tennessee and exposes arts, gardens and nature to students of all ages.

 Exhibitions and 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 2005 fiscal year, Cheekwood featured a fashion photography exhibit, a Winograd photography exhibit, an exhibit of Halston designs, two distinct contemporary video installations, four contemporary art installations and an outdoor architectural maze exhibit.

- 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 is 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.
- Restaurant and 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, exposing more than 13,000 visitors per year to the property.