### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only sub-	mit origin	al (no conies needed)		
			- DEMIC-	
All corporations required to file an income tax return other the use Form 7004 to request an extension of time to file income			S, REMICS	, and trusts must
Author Australy (2019)			fying numb	er, see instructions
Name of exempt organization or other filer, see instructions			Employer ide	entification number (EIN) or
Type or				
TENNESSEE PARKS AND GREENWAYS	FOUNDA'	TION	62-155	7574
File by the Number, street, and room or suite number. If a P.O. box, see if	nstructions,	,	Social securi	ty number (SSN)
due date for filing your 117 30TH AVENUE SOUTH	576			
return. See City, town or post office, state, and ZIP code. For a foreign additions.	dress, see instru	ections.		
NASHVILLE, TN 37212	8			
Tatas the Datum Code for the return that this application is f	ar Hila a aa	nevate application for each return)		[04]
Enter the Return Code for the return that this application is for	or (file a se	parate application for each return)		
Application	Return	Application		Return
Application Is For	Code	Is For		Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-BL	02	Form 1041-A		08
Form 4720 (individual)	03	Form 4720 (other than individual)		09
Form 990-PF	04	Form 5227		10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
The books are in the care of ► STEVEN H LAW  Telephone No. ► 615-329-4441  If the organization does not have an office or place of bu  If this is for a Group Return, enter the organization's four check this box ►	digit Group check this b	e United States, check this box	this is for I	the whole group, lins of all members
1 I request an automatic 6-month extension of time until for the organization named above. The extension is for the	8/15_ organization	s return for:	ation retur	n
calendar year 20 or				
$\blacktriangleright$ X tax year beginning $1/01$ , 20 16	, and endir	ng <u>9/30</u> , 20 <u>16</u> .		
2 If the tax year entered in line 1 is for less than 12 month	lhs, check r	eason:  Initial return	al return	
X Change in accounting period				
3 a If this application is for Forms 990-BL, 990-PF, 990-T, anonrefundable credits. See instructions	4720, or 606	59, enter the tentative tax, less any	3a\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or tax payments made. Include any prior year overpayment	6069, enter nt allowed a	any refundable credits and estimated is a credit	3 ь \$	0.
c Balance due, Subtract line 3b from line 3a. Include you EFTPS (Electronic Federal Tax Payment System). See	r payment v	with this form, if required, by using	3 c \$	0.
Caution: If you are going to make an electronic funds withdra payment instructions.	awal (direct	debit) with this Form 8868, see Form 84	53-EO and	Form 8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

## Form **990**

### CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public Inspection

Dep	arlment	of the Treasury venue Service		ter social security numbe about Form 990 and its in					Open to Public Inspection
	~~~		year, or tax year begin	ning 1/01	. 2016. a	and ending	9/30		, 2016
-	00.0000 10.	if applicable: C		3 1/01				nployer iden	tification number
			ENNESSEE PARKS	AND GREENWAYS	FOUNDATTO	N	6	2-1557	1574
	H		7 30TH AVENUE		100112111110	•••	Andrew Control of the	elephone num	
	$\vdash$		ASHVILLE, TN 37.					615) 3	329-4441
	$\vdash$	inal return/terminated					<u> </u>	013) 3	723-4441
	$\vdash$	mended return					6.0	oss receipts	\$ 517 077
	$\vdash$	-	Name and address of principal	I officer:		TH	(a) Is this a group		1351
	П"	,	The second state of the control of t	omcer.					I LES IND
_	Tav		ME AS C ABOVE 501(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or	527	(b) Are all subord if 'No,' attach	a list. (see in	structions)
<u>'</u>	200000		TENNGREEN.ORG	) - (Insert no.)	4547(a)(1) 01				
K	EXWX8	15.0	Corporation Trust	Association Other►	TL v	ear of formation	(c) Group exempt		
-	rt I	Summary	Corporation Trust	Association Other	LT	ear or formation	1997	W State of	legal domicile: TN
1	1	Briefly describe	lhe organization's missi	on or most significan	t activities THE	OPCANT	7ATTON'S	DDTMAT	V MICCION TO
	,	TO PROTECT	TENNESSEE'S NA	TIPAT TPFACII	FS BY CREA	TTNC CI	SEEM CODD	TDODE	TINKING 12
5			UBLIC LANDS US						
E E						12 2 2 2 2 2 2		- 1 011011	100.
Š	2	Check this box 3	if the organization	n discontinued its ope	erations or dispo	sed of mor	e than 25% of	its net as	ssets.
Ö	3		g members of the gover						20
ග්	4		endent voting members		(1 <del>57</del> 0) 45				20
譜	5		individuals employed in						11
Activities & Governance	6		volunteers (estimate if	7.5					135
V			ousiness revenue from f siness laxable income						0.
	Б	14et dillelated be	isiness taxable income	110111 1 01111 550-1 , 11110	3 34		Prior Y		0. Current Year
	8	Contributions an	d grants (Part VIII, line	1h)				1,017.	336, 013.
en	9		revenue (Parl VIII, line					2,635.	2,305.
Revenue	10	All the second s	ne (Part VIII, column (A	to the second				2,313.	-20,273.
Be	11	Other revenue (F	Part VIII, coiumn (A), lir	es 5, 6d, 8c, 9c, 10c	, and 11e)			4,248.	79,599.
	12	Total revenue -	add lines 8 through 11	(must equal Part VIII	, column (A), lin	ne 12)		7,091.	397,644.
	13	Grants and simil	ar amounts paid (Part I	X, column (A), lines	1-3)				
	14	Benefils paid to	or for members (Part I)	(, column (A), line 4)				-	
•	15	Salaries, other c	ompensation, employee	benefits (Part IX, co	olumn (A), lines	5-10)	47	1,515.	369,976.
565	16 a	Professional fun	draising fees (Part IX, o	column (A), line 11e).					
Expenses	ь	Total fundraising	expenses (Part IX, col	umn (D), line 25) >	4:	2,634.			
Щ	1	357	(Part IX, column (A), lir	and the second s			20	8,115.	186,616.
	18		Add lines 13-17 (must e					9,630.	556,592.
	19		penses. Subtract line 1					2,539.	-158,948.
b 8	13	110101100 1000 011	portosor oustrast into the	O 11 0111 1111 12 1 1 1 1 1 1 1 1 1 1 1 1			Beginning of Co		End of Year
1	20	Total assets (Pa	rt X, line 16)					3,018.	4,543,470.
Assets	21		Part X, line 26)				5	0,411.	1,849,357.
Fund	22		nd balances. Subtract li					2,607.	The same and the same and the same
	rt II	Signature E					2,65	2,007.	2,694,113.
-				rn including accompanying	schedules and statem	venis and to th	e hest of my know	edne and hel	iaf it is true correct and
com	plete. D	eclaration of preparer (	e that I have examined this retu other than officer) is based on a	all information of which prep	arer has any knowled	ge.		eoge and bet	in a libe, contest, and
Sig	ın	Signature of	officer				Date		
He	re		N H LAW				EXECUTIV	E DIR.	
		Type or prin	t name and title						
		Print/Type prepa	irer's name	Preparer's signature		Date	Check	T) t(	PTIN
Pai	id	SARAH HA	RDEE, CPA				self-en	nployed	P00546174
Pre	epare		PATTERSON, HA	ARDEE & BALLEN	TINE PC				
Us	e On	Ily Firm's address	► 1889 GENERAL	GEORGE PATTON	DR. SUITE	E #200	Firm's	EIN - 45	-0784806
			FRANKLIN, TN	37067			Phone	no. (61	5) 750-5537
May	the l	IRS discuss this r	eturn with the preparer	shown above? (see i	nstructions)				X Yes No
BA	A For	Paperwork Redu	iction Act Notice, see t	he separate instructi	ons.	TEEA	0113L 11/16/16		Form 990 (2016)

Form	990 (2016) TENNESSEE PARKS AND GREENWAYS FOUNDATION	62-1557574	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Briefly describe the organization's mission:		
	THE ORGANIZATION'S PRIMARY MISSION IS TO PROTECT TENNESSEE'S NA	TURAL TREASURE	S BY
	CREATING GREEN CORRIDORS LINKING EXISTING PUBLIC LANDS USING CO		
	AND OUTRIGHT PURCHASE.		
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	
	Form 990 or 990-EZ?	· · · · · · · · · · · · · · · · · · ·	s X No
	If 'Yes,' describe these new services on Schedule O.	□	<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services? Ye	s X No
	If 'Yes,' describe these changes on Schedule O.		- A
4	Describe the organization's program service accomplishments for each of its three largest program service	ervices as measured b	V AVDADCAS
8.54	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	ions to others, the total	expenses.
	and revenue, if any, for each program service reported.		
4 a		(Revenue \$	)
	TO PRESERVE TENNESSEE SCENIC BEAUTY BY CREATING AN INTERCONNECT	ED SYSTEM OF P.	ARKS,
	GREENWAYS, AND WILDLIFE AREAS.		
4 b	(Code: ) (Expenses \$ including grants of \$ )	(Revenue \$	)
		• • • • • • • • • • • • • • • • • • • •	
	(Code: ) (Expenses \$ including grants of \$ )	(Revenue \$	
4 C	(Code) (Expenses \$\psi	(Meverine 4	
4 d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	\$	)
4 e	Total program service expenses ► 459, 204.	Note that the second se	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
ā	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
ŧ	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 Ь		х
(	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		х
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111	х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
BAA	TEEA0103L 11/16/16	Form	990	(2016)

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
0	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26	_	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
1	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29		29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	of 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.	38	х	
BAA		Form	990 (	2016)

Form 990 (2016) TENNESSEE PARKS AND GREENWAYS FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. Г
			Yes	
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			diam
1	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
- 4	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		X
2 2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 11		AU	
ı	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -	-	
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	o If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3ь		
4 8	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)?	4.		x
	of 'Yes,' enter the name of the foreign country: ►	4a	CONT.	^
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5:	a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?	5 b		X
	of Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	_	-
		30		
6 8	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
	of 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	U		
•	not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a	X	
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 c		^
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	/ 11		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
2	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
ŀ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
2	Initiation fees and capital contributions included on Part VIII, line 12	100		
E	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	A service Associate	Transaction of
t	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
2	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ŀ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		10.70	
	Enter the amount of reserves on hand		E E	
	Did the organization receive any payments for indoor tanning services during the lax year?	14a	-	X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14a		
	The root, the resident of the to report these payments. If 110, provide an explanation in constant O	140		

Form 990 (2016) TENNESSEE PARKS AND GREENWAYS FOUNDATION 62-1557574 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the lax year..... 1 a 20 If there are malerial differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . . . 20 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE 0 X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X 6 Did the organization have members or stockholders?..... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by a The governing body?..... X Ra b Each committee with authority to act on behalf of the governing body?..... X 86 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... X 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.....  $\overline{\mathbf{x}}$ 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... SEE SCHEDULE . Q X 12 c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... SEE . SCHEDULE .0. X 15a 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?.... 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

STEVEN H LAW 117 30TH AVENUE SOUTH NASHVILLE TN 37212 615-329-4441

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization nor	T T T T T T T T T T T T T T T T T T T	T	COIT					in chi onico, directi	or, or trustee.	
		Pro	thon	(C)		ark mr	nre.			
(A) Name and Title	(B) Average hours per		dir	ector/	truste	eck moss ss pers and a ee)		(D) Reportable compensation from	Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted lime)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MARK PEACOCK	11_									
DIRECTOR	0	X						0.	0.	
(2) MARY LYNN DOBSON VICE PRESIDENT		х		Х				0.	0.	0.
		х						0.	0.	0.
(4) SCOTT MAY DIRECTOR		х						0.	0.	0.
(5) GARY MYERS										
DIRECTOR	0	Х						0.	0.	0.
(6) ALAN SPARKMAN DIRECTOR	$  \frac{1}{0}$ $-$	х						0.	0.	0.
(7) JOHN NOEL III	1	^	Н					0.	0.	
PRESIDENT	0	Х		X				0.	0.	0.
(8) ROBERT PHILP JR. DIRECTOR	10	х						0.	0.	0.
(9) FRANK RICKS VICE PRESIDENT	10	х		х				0.	0.	0.
(10) JOE ROYER DIRECTOR		х						0.	0.	0.
(11) ESTIE SHEAHAN DIRECTOR	<u>1</u> 0	Х						0.	0.	0.
(12) WILL SKELTON								0.		
DIRECTOR (13) STEVE STEDMAN	1	X							0.	0.
DIRECTOR (14) ANN TIDWELL	0 1	Х						0.	0.	0.
TREASURER	0	Х		Х				0.	0.	0.

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Part VII Section A. Officers, Directors, Tr	ustees,	Key	En	ıplo	oye	es,	an	d Highest Con	pensated Emp	oyees (continued)
	(B)				C)					
(A) Name and title	Average hours per week	box	cer ar	check ess pe nd a c	erson direct	e than is bo tor/trus	th an stee)	compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted	or director	institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	"	8			aleo				
(15) CHARLIE TROST DIRECTOR	10	Х						0.	0.	0.
(16) BOB TUKE VICE PRESIDENT	$-\frac{1}{0}$	X		х				0.	0.	0.
(17) CHUCK WOMACK CHAIRMAN	1 0	X		X				0.	0.	0.
(18) STEVEN H LAW EXECUTIVE DIR.	<u> 40</u> _	Х						63,656.	0.	0.
(19) MELINDA WELTON DIRECTOR	$-\frac{1}{0}$	x						0.	0.	0.
(20) DOYLE NEWBURRY SECRETARY	$-\frac{1}{0}$	X		х				0.	0.	0.
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							-	63,656.	0.	0,
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)							A	63,656.	0.	0.
Total number of individuals (including but not limited from the organization  0	d to those I	isted	abov	ve) v	who	rece	ived	more than \$100,00		pensation
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such										. 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	f reportab er than \$1	le co 50,0	mpe 00?	nsa If 'Y	tion es,	and con	l oth nple	ner compensation the schedule J for	from	. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Ye	ie comper s.' comple	satio	n fre	om :	any J fo	unre	elale ch p	ed organization or	individual	. 5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest comper compensation from the organization. Report comper</li> </ol>	nsated indensation for	epen the c	dent alen	t cor	nlra year	ctors	tha ing v	al received more the with or within the or	nan \$100,000 of ganization's tax year	
(A) Name and business add	iress							Description of	of services	(C) Compensation
			- (4) (4) (5) (4) (5)	# 256 H						
	~~									
Total number of independent contractors (including \$100,000 of compensation from the organization)		ted to	o tha	se l	isted	d abo	ve)	who received more	than	
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Part VIII	Statement of Revenue	

		Check if Schedule O contains a respi	onse or note to any	line in this Part VII	1		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a	Federated campaigns 1 a					
irat	t	Membership dues 1 b					
S, C	C	Fundraising events					
ar ar	C	Related organizations 1 d					
S, E	e	Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1 f	336,013.				
a d	g	Noncash contributions included in lines 1a-1f: \$_	36,773.				
S =	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	336,013.			
Program Service Revenue			Business Code	70			
Ž.	2 a	SOLAR ARRAY INCOME	900099	2,305.	2,305.		
8	b						
ice	C						
Ę,	d						
E	e						
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		2,305.			
-	3	Investment income (including dividends	interest and				
		other similar amounts)		4,430.	4,430.		
	4	Income from investment of tax-exempt	bond proceeds►				
	5	Royalties					
		(i) Real	(II) Personal				
	6 a	Gross rents					
	100	Less: rental expenses 13,194.					
		Rental income or (loss)6, 180.					
	d			-6,180.	-6,180.		
	7 a	Gross amount from sales of (i) Securities	(ir) Other				
		assets other than inventory	25,000.				
	b	Less; cost or other basis			STATE OF PARTIES		BACKERS.
		and sales expenses	49,703.				
	2000	Gain or (loss)	-24,703.			E 25 (1) E (1)	
	d	Net gain or (loss)		-24,703.	-24,703.		
Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
æ		See Part IV, line 18.	143,215.				THE RESERVE
1	b	Less: direct expenses E					
Ş.		Net income or (loss) from fundraising e		85,779.			
Ü		Gross income from gaming activities. See Part IV, line 19		03,773.			
	Ь	Less: direct expenses b					Eller Belleville
	c	Net income or (loss) from gaming activi-	ities	34 7			Security of the Fatous & Architecture
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inver-	ntory				
		Miscellaneous Revenue	Business Code				
	11 a						
	b						
	C						
	d	All other revenue					
		Total. Add lines 11a-11d					Residential
	12	Total revenue. See instructions		397,644.	-24,148.	0.	0.

Part IX | Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do 6b,	Check if Schedule O contains a re not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	63,656.	54,108.	5,092.	4,456
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	276,169.	234,442.	22,254.	0. 19,473.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	270,103.	254,442.	22,234.	19,475.
9	Other employee benefits				
10	Payroll taxes	30,151.	25,596.	2,430.	2,125.
	Fees for services (non-employees):				
	Management				
	Legal	4,849.	3,928.	776.	145.
	Accounting	1,500.	1,215.	240.	45.
	d Lobbying				
	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	23,268.	18,847.	3,723.	698.
13	Office expenses	7,162.	2,173.	3,860.	1,129.
14	Information technology	5,859.	4,629.	1,230.	1,115.
15	Royalties				
16	Occupancy				
17	Travel	8,812.	6,675.		2,137.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings	3,157.	442.	947.	1,768.
20	Interest	11,550.	11,550.		
2000000	Payments to affiliates				
	Depreciation, depletion, and amortization	3,679.	3,679.		
	Other expenses. Itemize expenses not	10,603.	3,711.	6,892.	CONTRACTOR OF THE OWNER.
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
i	IN-KIND	36,773.	36,773.		
ŧ	PRINTING AND PUBLICATIONS	22,555.	15,563.		6,992.
	LICENSE AND FEES	20,513.	17,846.	2,462.	205.
	POSTAGE AND SHIPPING	8,080.	404.	4,848.	2,828.
19-19-19-19	All other expenses	18,256.	17,623.	E4 254	633.
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	556,592.	459,204.	54,754.	42,634.
BAA	Check here ► ☐ if following SOP 98-2 (ASC 958-720)	TEEA0110L 11/	16/16		Form <b>990</b> (2016)

		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing		1,350,232.	1	1,386,193.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net.		78,750.	3	36,100.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		er	6	
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8	Not the second	
	9	Prepaid expenses and deferred charges		9		
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,138,1	92		
	ь	Less: accumulated depreciation	10b 35,2	The same of the sa	10c	3,102,917.
	11	Investments — publicly traded securities			11	3,102,317.
	12	Investments - other securities. See Part IV, line 11.			12	
	13	Investments - program-related. See Part IV, line 11.		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15	18,260.	
	16	Total assets. Add lines 1 through 15 (must equal line			16	4,543,470.
Liabilities	17	Accounts payable and accrued expenses		37,142.	17	37,088.
	18	Grants payable			18	
	19	Deferred revenue		Committee of the Commit	19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part		21		
	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directors, trustees, d disqualified persons.		22	
	23	Secured mortgages and notes payable to unrelated the		23	1,812,269.	
	24	Unsecured notes and loans payable to unrelated third		24		
	25	Other liabilities (including federal income lax, payable and other liabilities not included on lines 17-24). Com		25		
	26	Total liabilities. Add lines 17 through 25			26	1,849,357.
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► X and comple	te (		
	27	Unrestricted net assets		2,438,586.	27	2,313,272.
	28	Temporarily restricted net assets		337,918.	28	300,540.
	29	Permanently restricted net assets	****************	76,103.	29	80,301.
		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	neck here ►			
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipn	nent fund		31	
	32	Retained earnings, endowment, accumulated income	or other funds		32	
	33	Total net assets or fund balances		2,852,607.	33	2,694,113.
	34	Total liabilities and net assets/fund balances			34	4,543,470.
BA	4					Form 990 (2016)