4710217

2018 TAX RETURN
TennGreen Land Conservancy

4710217

BLANKENSHIP CPA GROUP, PLLC
215 WARD CIRCLE
BRENTWOOD, TN 37027-2304
615-373-3771

CONFIDENTIAL

TennGreen Land Conservancy
1213A 16th Ave S
Nashville, TN 37212

Dear Steve:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow these instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

BLANKENSHIP CPA GROUP, PLLC

SCOTT A. FELTS, CPA

4710217

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **10/01/18** , and ending **09/30/19**

62-1557574

TENNGREEN LAND CONSERVANCY

Net Asset / Fund Balance at Beginning of Year			**6,379,783**
Revenue			
Contributions	**2,535,768**		
Program service revenue			
Investment income	**64,320**		
Capital gain / loss	**525,012**		
Fundraising / Gaming:			
Gross revenue			
Direct expenses	**42,325**		
Net income	**-42,325**		
Other income	**58,500**		
Total revenue		**3,141,275**	
Expenses			
Program services	**722,202**		
Management and general	**69,954**		
Fundraising	**75,296**		
Total expenses		**867,452**	
Excess / (deficit)			**2,273,823**
Changes			
Net Asset / Fund Balance at End of Year			**8,653,606**

Reconciliation of Revenue

Total revenue per financial statements	**3,189,780**
Less:	
Unrealized gains	
Donated services	**6,180**
Recoveries	
Other	**42,325**
Plus:	
Investment expenses	
Other	
Total revenue per return	**3,141,275**

Reconciliation of Expenses

Total expenses per financial statements	**915,957**
Less:	
Donated services	**6,180**
Prior year adjustments	
Losses	
Other	**42,325**
Plus:	
Investment expenses	
Other	
Total expenses per return	**867,452**

Balance Sheet

	Beginning	Ending	Differences
Assets	**6,409,434**	**8,710,163**	
Liabilities	**29,651**	**56,557**	
Net assets	**6,379,783**	**8,653,606**	**2,273,823**

Miscellaneous Information

Amended return	
Return / extended due date	**08/17/20**
Failure to file penalty	

4710217

Filing Instructions

TennGreen Land Conservancy

Exempt Organization Tax Return

Taxable Year Ended September 30, 2019

Date Due: August 17, 2020

Remittance: None is required. Your Form 990 for the tax year ended 9/30/19 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

BLANKENSHIP CPA GROUP, PLLC
215 WARD CIRCLE **OR FAX TO 1+615-658-9988**
BRENTWOOD, TN 37027-2304

Important: **Your return will not be filed with the IRS until the signed Form 8879-EO IRS e-file Signature Authorization Form has been received by this office.**

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

4710217

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2018, or fiscal year beginning 10/01, 2018, and ending 9/30, 20 19

u Do not send to the IRS. Keep for your records.
u Go to *www.irs.gov/Form8879EO* for the latest information.

OMB No. 1545-1878

2018

Name of exempt organization

TENNGREEN LAND CONSERVANCY

Employer identification number

62-1557574

Name and title of officer

STEVE LAW
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with 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 one line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	**3,141,275**
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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)** the reason for any delay in processing the return or refund, and **(c)** 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

[X] I authorize **BLANKENSHIP CPA GROUP, PLLC** to enter my PIN **57574** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 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 2018 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 } **08/06/19**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62701947515

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature } Date } **08/06/19**

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

For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (2018)

DAA

4710217

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 private foundations)

u Do not enter social security numbers on this form as it may be made public.

u Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10/01/18 , and ending 09/30/19

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
TENNGREEN LAND CONSERVANCY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1213A 16TH AVE S

City or town, state or province, country, and ZIP or foreign postal code
NASHVILLE TN 37212

D Employer identification number
62-1557574

E Telephone number
615-329-4441

G Gross receipts$ **5,835,104**

F Name and address of principal officer:
STEVE LAW
1213A 16TH AVE S
NASHVILLE TN 37212

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) **t** (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: **u WWW.TENNGREEN.ORG**

H(c) Group exemption number **u**

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other **u**

L Year of formation: **1997**

M State of legal domicile:

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
CONSERVING LAND WHERE PEOPLE AND NATURE CAN THRIVE. TENNGREEN LAND CONSERVANCY WORKS TO CREATE PARKS, ESTABLISH WILDLIFE CORRIDORS, EXPAND EXISTING PROTECTED PUBLIC LANDS, & ENHANCE PUBLIC RECREATION OPPORTUNITIES.

2 Check this box **u** [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	10
6 Total number of volunteers (estimate if necessary)	6	84
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,831,331	2,535,768
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-207,905	589,332
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,934	16,175
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,618,492	3,141,275

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	161,621	13,700
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	508,563	539,562
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) **u** 75,296		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	423,721	314,190
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,093,905	867,452
19 Revenue less expenses. Subtract line 18 from line 12	2,524,587	2,273,823

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,409,434	8,710,163
21 Total liabilities (Part X, line 26)	29,651	56,557
22 Net assets or fund balances. Subtract line 21 from line 20	6,379,783	8,653,606

Part II Signature Block

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

Sign Here

Signature of officer — Date

STEVE LAW — **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
SCOTT A. FELTS, CPA				P01547515

Firm's name } **BLANKENSHIP CPA GROUP, PLLC** — Firm's EIN } **45-0491842**

Firm's address } **215 WARD CIRCLE BRENTWOOD, TN 37027-2304** — Phone no. **615-373-3771**

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2018)

Part III **Statement of Program Service Accomplishments**

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 CONSERVING LAND WHERE PEOPLE AND NATURE CAN THRIVE BY CREATING GREEN CORRIDORS LINKING EXISTING PUBLIC LANDS USING CONSERVATION EASEMENTS 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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ **722,202** including grants of$ **13,700**) (Revenue $)

THE ORGANIZATION WORKS TO PRESERVE TENNESSEE SCENIC BEAUTY BY CREATING AN INTERCONNECTED SYSTEM OF PARKS, GREENWAYS, AND WILDLIFE AREAS.

4b (Code:) (Expenses $ including grants of$) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of$) (Revenue $)

N/A

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of$) (Revenue $)

4e Total program service expenses **u** **722,202**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	**2**	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		X
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**		X
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**		X
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**		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	**7**	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		X
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**		X
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**	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	**11a**	X	
b	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*	**11b**		X
c	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*	**11c**		X
d	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*	**11d**	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**		X
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*	**11f**	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	X	
b	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**		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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**		X
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**		X
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**		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	**17**		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**	X	
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**		X
20a	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**	X	

Part IV Checklist of Required Schedules *(continued)*

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

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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** **10**			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country: **u** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	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.**			
a	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.			
b	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 **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X

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
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	**21**		
	If there are material 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	**1b**	**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?	**2**		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	**3**			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		X	
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?	**6**			X
7a	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?	**7a**			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	**8a**		X	
b	Each committee with authority to act on behalf of the governing body?	**8b**		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			X

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?	**10a**	X	
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**	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**14**	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	X	
b	Other officers or key employees of the organization	**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 taxable entity during the year?	**16a**		X
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 **u** **TN**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.

[ ] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **u**

STEVE LAW **1213A 16TH AVE S**

NASHVILLE **TN 37212** **615-329-4441**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) **RYAN BAILEY**	0.50									
DIRECTOR	0.00	X						0	0	0
(2) **MARY LYNN DOBSON**	0.50									
REGIONAL VP	0.00	X		X				0	0	0
(3) **JANIE FINCH**	0.50									
DIRECTOR	0.00	X						0	0	0
(4) **STEVE LAW**	40.00									
EXECUTIVE DIRECTOR	0.00	X		X				87,275	0	15,348
(5) **SCOTT MAY**	0.50									
DIRECTOR	0.00	X						0	0	0
(6) **GARY MYERS**	0.50									
DIRECTOR	0.00	X						0	0	0
(7) **JOHN NOEL III**	0.50									
PRESIDENT	0.00	X		X				0	0	0
(8) **MARK PEACOCK**	0.50									
DIRECTOR	0.00	X						0	0	0
(9) **FRANK RICKS**	0.50									
REGIONAL VP	0.00	X		X				0	0	0
(10) **LOIS RULEMAN**	0.50									
DIRECTOR	0.00	X						0	0	0
(11) **ESTIE SHEAHAN**	0.50									
SECRETARY	0.00	X		X				0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) STEVE STEDMAN	0.50									
DIRECTOR	0.00	X						0	0	0
(13) ANN TIDWELL	0.50									
ASSISTANT TREASURER	0.00	X						0	0	0
(14) BOB TUKE	0.50									
PRESIDENT ELECT	0.00	X		X				0	0	0
(15) MELINDA WELTON	0.50									
DIRECTOR	0.00	X						0	0	0
(16) DR. CHUCK WOMACK	0.50									
REGIONAL VP	0.00	X		X				0	0	0
(17) CHARLES ASKEW	0.50									
DIRECTOR	0.00	X						0	0	0
(18) NICK NUNN	0.50									
TREASURER	0.00	X		X				0	0	0
(19) JOHN FENDERSON	0.50									
DIRECTOR	0.00	X						0	0	0
1b **Sub-total** u								87,275		15,348
c **Total from continuation sheets to Part VII, Section A** u										
d **Total (add lines 1b and 1c)** u								87,275		15,348

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization u **0**

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization u **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	112,643			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,423,125			
	g Noncash contributions included in lines 1a-1f: $ 661,352					
	h **Total.** Add lines 1a–1f u		2,535,768			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f u					
	3 Investment income (including dividends, interest, and other similar amounts) u		64,320			64,320
	4 Income from investment of tax-exempt bond proceeds u					
	5 Royalties u					
		(i) Real	(ii) Personal			
	6a Gross rents	58,500				
	b Less: rental exps.					
	c Rental inc. or (loss)	58,500				
	d Net rental income or (loss) u		58,500			58,500
	7a Gross amount from sales of assets other than inventory	(i) Securities 63,804	(ii) Other 3,112,712			
	b Less: cost or other basis & sales exps	64,171	2,587,333			
	c Gain or (loss)	-367	525,379			
	d Net gain or (loss) u		525,012	525,012		
Other Revenue	8a Gross income from fundraising events (not including $ 112,643 of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b	42,325				
	c Net income or (loss) from fundraising events u		-42,325			
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities u					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory u					
	Miscellaneous Revenue	Busn. Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d u					
	12 **Total revenue.** See instructions. u		3,141,275	525,012	0	122,820

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).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,700	13,700		
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	95,061	76,999	10,457	7,605
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	363,539	294,467	39,988	29,084
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	46,193	37,416	5,082	3,695
10 Payroll taxes	34,769	28,163	3,825	2,781
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,000	6,705	109	186
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	87,712	84,015	1,366	2,331
12 Advertising and promotion	2,227	2,227		
13 Office expenses	40,923	32,108	956	7,859
14 Information technology	19,126	10,876	633	7,617
15 Royalties				
16 Occupancy	29,013	24,677	3,463	873
17 Travel	10,690	8,598	299	1,793
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,029	8,462	988	3,579
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,376	29,376		
23 Insurance	18,152	16,310	1,108	734
24 Other expenses. Itemize expenses not 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.)				
a LICENSES AND FEES	27,126	25,155	561	1,410
b IN-KIND EXPENSES	7,249	7,249		
c DUES AND SUBSCRIPTIONS	6,539	6,014	113	412
d AUTOMOTIVE	5,651	5,512	19	120
e All other expenses	10,377	4,173	987	5,217
25 Total functional expenses. Add lines 1 through 24e	867,452	722,202	69,954	75,296
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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	979,064	1	383,633
	2	Savings and temporary cash investments	3,344,638	2	4,552,928
	3	Pledges and grants receivable, net	8,500	3	22,500
	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		6	
	7	Notes and loans receivable, net	14,947	7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,091	9	15,843
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,835,432			
	b	Less: accumulated depreciation — 10b: 32,328	1,917,778	10c	1,803,104
	11	Investments—publicly traded securities	35,041	11	35,041
	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	103,375	15	1,897,114
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	6,409,434	16	8,710,163
Liabilities	17	Accounts payable and accrued expenses	29,651	17	46,557
	18	Grants payable		18	
	19	Deferred revenue		19	10,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	29,651	26	56,557
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	6,027,324	27	8,267,972
	28	Temporarily restricted net assets	264,887	28	298,179
	29	Permanently restricted net assets	87,572	29	87,455
		Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	6,379,783	33	8,653,606
	34	Total liabilities and net assets/fund balances	6,409,434	34	8,710,163

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ..... [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,141,275
2	Total expenses (must equal Part IX, column (A), line 25)	2	867,452
3	Revenue less expenses. Subtract line 2 from line 1	3	2,273,823
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,379,783
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,653,606

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) L. WAYNE RUSSELL	**0.50**									
DIRECTOR	**0.00**	**X**						**0**	**0**	**0**
(21) MATTHEW MCCLANAHAN	**0.50**									
DIRECTOR	**0.00**	**X**						**0**	**0**	**0**
1b Sub-total u										
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u										

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

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Go to *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
TENNGREEN LAND CONSERVANCY

Employer identification number
62-1557574

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ 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 exempt 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).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,155,002	871,017	575,724	822,238	1,448,268	4,872,249
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,155,002	871,017	575,724	822,238	1,448,268	4,872,249
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						28,022
6 Public support. Subtract line 5 from line 4						4,844,227

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,155,002	871,017	575,724	822,238	1,448,268	4,872,249
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,610	8,368	9,037	29,421	63,311	115,747
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						4,987,996

12 Gross receipts from related activities, etc. (see instructions) 12 130,290

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 97.12 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 15 97.29 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- **a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. *Answer (a) and (b) below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Name of the organization

TENNGREEN LAND CONSERVANCY

Employer identification number

62-1557574

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(**3**) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
TENNGREEN LAND CONSERVANCY

Employer identification number
62-1557574

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CRAIG VIRGINA TIPTON CUMBERLAND TRUS 40 BURTON HILLS BOULEVARD SUITE 300 NASHVILLE TN 37215	$ 1,087,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.
u Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

TENNGREEN LAND CONSERVANCY

Employer identification number

62-1557574

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

- [X] Preservation of land for public use (e.g., recreation or education)
- [X] Protection of natural habitat
- [X] Preservation of open space
- [X] Preservation of a historically important land area
- [ ] Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a 37
b	Total acreage restricted by conservation easements	2b 9,691.54
c	Number of conservation easements on a certified historic structure included in (a)	2c 0
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u 1

4 Number of states where property subject to conservation easement is located u 2

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☒ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u 160

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u $ 3,500

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☒ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 u $

(ii) Assets included in Form 990, Part X u $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 u $

b Assets included in Form 990, Part X u $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	58,322	51,498	48,137	48,776	48,776
b Contributions		5,000	200		
c Net investment earnings, gains, and losses	1,501	1,824	4,333	519	
d Grants or scholarships					
e Other expenditures for facilities and programs			900	1,000	
f Administrative expenses			272	158	
g End of year balance	59,823	58,322	51,498	48,137	48,776

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment **u** %
- **b** Permanent endowment **u** 20.00 %
- **c** Temporarily restricted endowment **u** 80.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,715,175		1,715,175
b Buildings		64,134	14,612	49,522
c Leasehold improvements		6,943	2,313	4,630
d Equipment		49,180	15,403	33,777
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* **u**				1,803,104

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	CIP	1,841,995
(2)	COMMUNITY FOUNDATION INVESTMENT	34,705
(3)	BENEFICIAL INTEREST IN AGENCY ENDOW	20,414
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* u		1,897,114

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* u	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,189,780
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	6,180		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	42,325		
e	Add lines **2a** through **2d**			2e	48,505
3	Subtract line **2e** from line **1**			3	3,141,275
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	3,141,275

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	915,957
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	6,180		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	42,325		
e	Add lines **2a** through **2d**			2e	48,505
3	Subtract line **2e** from line **1**			3	867,452
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	867,452

Part XIII Supplemental Information.

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

PART II, LINE 5 - MONITORING AND ENFORCEMENT POLICY

GIFT ACCEPTANCE POLICY

TENNGREEN LAND CONSERVANCY SOLICITS AND ACCEPTS GIFTS FOR PURPOSES THAT WILL HELP THE ORGANIZATION FULFILL ITS MISSION TO CONSERVE LAND WHERE PEOPLE AND NATURE CAN THRIVE. RESPONSIBILITY FOR THE PRESERVATION AND ENHANCEMENT OF PHILANTHROPY SHALL BE RETAINED BY THE BOARD OF DIRECTORS AND CARRIED OUT AS HEREIN DEFINED.

THE GOAL OF THIS FUND DEVELOPMENT AND GIFT ACCEPTANCE POLICY IS TO UNIFORMLY TREAT DONORS AND THEIR GIFTS WITH FULL DISCLOSURE AND PROVIDE GUIDELINES FOR THE ACCEPTANCE AND STEWARDSHIP OF GIFTS.

THE PROVISIONS OF THIS POLICY APPLY TO ALL GIFTS RECEIVED BY TENNGREEN LAND CONSERVANCY FOR ANY OF ITS PROGRAMS OR SERVICES. SPECIFIC GIFTS ARE

Part XIII Supplemental Information *(continued)*

CONSIDERED ON THEIR MERITS AND FINAL ACTION IS TAKEN ON THOSE AS AUTHORIZED BY TENNGREEN'S BOARD OF DIRECTORS.

TENNGREEN LAND CONSERVANCY URGES ALL PROSPECTIVE DONORS TO SEEK THE GUIDANCE OF INDEPENDENT LEGAL AND FINANCIAL ADVISORS IN MATTERS PERTAINING TO THEIR GIFTS, INCLUDING THE RESULTING TAX AND ESTATE PLANNING CONSEQUENCES. THE FOLLOWING POLICIES AND GUIDELINES GOVERN ACCEPTANCE OF GIFTS MADE TO TENNGREEN FOR THE BENEFIT OF ANY OF ITS OPERATIONS, PROGRAMS OR SERVICES.

USE OF LEGAL COUNSEL

TENNGREEN LAND CONSERVANCY WILL SEEK THE ADVICE OF LEGAL COUNSEL IN MATTERS PERTAINING TO ACCEPTANCE OF GIFTS WHEN APPROPRIATE.

REVIEW BY COUNSEL IS RECOMMENDED FOR:

A. GIFTS OF SECURITIES THAT ARE SUBJECT TO RESTRICTIONS OR BUY-SELL AGREEMENTS.

B. DOCUMENTS NAMING TENNGREEN AS TRUSTEE OR REQUIRING TENNGREEN TO ACT IN ANY FIDUCIARY CAPACITY.

C. GIFTS REQUIRING TENNGREEN TO ASSUME FINANCIAL OR OTHER OBLIGATIONS.

D. TRANSACTIONS WITH POTENTIAL CONFLICTS OF INTEREST.

E. GIFTS OF PROPERTY WHICH MAY BE SUBJECT TO ENVIRONMENTAL OR OTHER REGULATORY RESTRICTIONS.

RESTRICTIONS ON GIFTS

OVERLY RESTRICTIVE GIFTS

TENNGREEN LAND CONSERVANCY WILL NOT ACCEPT GIFTS DEEMED BY ITS EXECUTIVE COMMITTEE, IN CONSULTATION WITH THE EXECUTIVE DIRECTOR, TO BE OVERLY RESTRICTIVE. OVERLY RESTRICTIVE GIFTS INCLUDE, BUT ARE NOT LIMITED TO, GIFTS THAT

(A) WOULD RESULT IN TENNGREEN VIOLATING ITS CORPORATE CHARTER,

Part XIII Supplemental Information *(continued)*

(B) WOULD RESULT IN TENNGREEN LOSING ITS STATUS AS AN IRC § 501 (C)(3) NOT-FOR-PROFIT ORGANIZATION, (C) ARE TOO DIFFICULT OR TOO EXPENSIVE TO ADMINISTER IN RELATION TO THEIR VALUE, (D) WOULD RESULT IN ANY UNACCEPTABLE CONSEQUENCES FOR TENNGREEN, OR (E) ARE FOR PURPOSES OUTSIDE TENNGREEN'S MISSION.

DESIGNATED GIFTS

TENNGREEN LAND CONSERVANCY'S POLICY IS TO ENCOURAGE DONORS TO GIVE UNRESTRICTED GIFTS, THE PROCEEDS OF WHICH BENEFIT TENNGREEN AND ITS PROGRAMS. WHERE THE RECEIPT AND/OR ADMINISTRATION OF A DESIGNATED GIFT IS BURDENSOME, THE EXECUTIVE COMMITTEE WILL DETERMINE, IN ACCORDANCE WITH THIS POLICY, WHETHER TENNGREEN WILL ACCEPT THE GIFT.

GIFTS GENERALLY ACCEPTED WITHOUT REVIEW

CASH

CASH GIFTS ARE ACCEPTABLE IN ANY FORM, INCLUDING BY CHECK, MONEY ORDER, CREDIT CARD, OR ONLINE. GIFTS OF CASH (I.E., CURRENCY) IN EXCESS OF $100,000 MUST BE REFERRED TO THE EXECUTIVE COMMITTEE FOR A FINAL DETERMINATION REGARDING ACCEPTANCE OF THE GIFTS.

MARKETABLE SECURITIES

MARKETABLE SECURITIES MAY BE TRANSFERRED ELECTRONICALLY TO A TENNGREEN ACCOUNT MAINTAINED AT ONE OR MORE BROKERAGE FIRMS OR DELIVERED PHYSICALLY WITH THE TRANSFEROR'S ENDORSEMENT OR SIGNED STOCK POWER (WITH APPROPRIATE SIGNATURE GUARANTEES) ATTACHED. ALL MARKETABLE SECURITIES WILL BE CONVERTED TO CASH PROMPTLY UPON RECEIPT UNLESS OTHERWISE DIRECTED BY TENNGREEN LAND CONSERVANCY'S FINANCE & INVESTMENT COMMITTEE. IN SOME CASES MARKETABLE SECURITIES MAY BE RESTRICTED, FOR EXAMPLE, BY APPLICABLE SECURITIES LAWS OR THE TERMS OF THE PROPOSED GIFT; IN SUCH INSTANCES THE DECISION WHETHER TO ACCEPT THE RESTRICTED SECURITIES SHALL BE MADE BY THE EXECUTIVE COMMITTEE.

Part XIII Supplemental Information *(continued)*

BEQUESTS AND BENEFICIARY DESIGNATIONS UNDER REVOCABLE TRUSTS, LIFE INSURANCE POLICIES, AND RETIREMENT PLANS, COMMERCIAL ANNUITIES AND RETIREMENT PLANS

DONORS ARE ENCOURAGED TO MAKE BEQUESTS TO TENNGREEN LAND CONSERVANCY IN THEIR WILLS, AND TO NAME TENNGREEN AS THE BENEFICIARY IN TRUSTS, LIFE INSURANCE POLICIES, COMMERCIAL ANNUITIES, AND RETIREMENT PLANS.

CHARITABLE REMAINDER TRUSTS

TENNGREEN LAND CONSERVANCY WILL ACCEPT DESIGNATION AS A REMAINDER BENEFICIARY OF CHARITABLE REMAINDER TRUSTS.

CHARITABLE LEAD TRUSTS

TENNGREEN LAND CONSERVANCY WILL ACCEPT DESIGNATION AS AN INCOME BENEFICIARY OF CHARITABLE LEAD TRUSTS.

GIFTS ACCEPTED SUBJECT TO PRIOR REVIEW

CERTAIN FORMS OF GIFTS OR DONATED PROPERTIES MAY BE SUBJECT TO REVIEW PRIOR TO ACCEPTANCE. EXAMPLES OF GIFTS SUBJECT TO PRIOR REVIEW INCLUDE, BUT ARE NOT LIMITED TO:

TANGIBLE PERSONAL PROPERTY

GIFTS OF TANGIBLE PERSONAL PROPERTY SHALL BE SUBJECT TO THE APPROVAL OF THE EXECUTIVE COMMITTEE UNLESS RECEIVED IN CONNECTION WITH AN AUCTION OR RAFFLE ORGANIZED AND CONDUCTED BY TENNGREEN LAND CONSERVANCY. SUCH GIFTS MAY BE SOLD UPON RECEIPT BY TENNGREEN.

THE EXECUTIVE COMMITTEE SHALL REVIEW AND DETERMINE WHETHER TO ACCEPT ANY GIFTS OF TANGIBLE PERSONAL PROPERTY IN LIGHT OF THE FOLLOWING CONSIDERATIONS: DOES THE PROPERTY FURTHER THE ORGANIZATION'S MISSION? IS THE PROPERTY MARKETABLE? ARE THERE ANY UNACCEPTABLE RESTRICTIONS IMPOSED ON THE PROPERTY? ARE THERE ANY CARRYING COSTS OF THE PROPERTY FOR WHICH THE ORGANIZATION MAY BE RESPONSIBLE? IS THE TITLE/PROVENANCE OF THE PROPERTY

Part XIII Supplemental Information *(continued)*

CLEAR?

LIFE INSURANCE

TENNGREEN LAND CONSERVANCY WILL ACCEPT GIFTS OF LIFE INSURANCE WHERE TENNGREEN LAND CONSERVANCY IS NAMED AS BOTH BENEFICIARY AND IRREVOCABLE OWNER OF THE INSURANCE POLICY. THE DONOR MUST AGREE TO PAY, BEFORE DUE, ANY FUTURE PREMIUM PAYMENTS OWED ON THE POLICY. GIFTED LIFE INSURANCE POLICIES MUST POSSESS A MINIMUM FACE VALUE OF $5,000.

REAL ESTATE

TENNGREEN LAND CONSERVANCY MAY ACCEPT GIFTS OF REAL ESTATE, REMAINDER INTERESTS IN PROPERTY AND/OR BARGAIN SALES OF REAL ESTATE. HOWEVER, ALL DONATIONS OF LAND, OR INTEREST IN REAL PROPERTY, ARE SUBJECT TO APPLICABLE LAW, ACCEPTED LAND TRUST STANDARDS AND PRACTICES, AND TENNGREEN'S LAND ACQUISITION POLICIES. GIFTS OF REAL ESTATE MUST BE REVIEWED IN ADVANCE BY TENNGREEN'S CONSERVATION COMMITTEE, WHICH SHALL BE RESPONSIBLE FOR MAKING GIFT ACCEPTANCE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS WHO WILL PROVIDE THE FINAL DECISION REGARDING ACCEPTANCE OF REAL ESTATE GIFTS.

THE DONOR MAY BE ASKED TO PROVIDE ANY OR ALL OF THE FOLLOWING ITEMS TO TENNGREEN LAND CONSERVANCY: DEED, TAX BILL, TITLE REPORT, SURVEY, SITE PLANS OR DEVELOPMENT SURVEYS RELATING TO THE PROPERTY, A PLOT PLAN, ANY EXISTING LEASES OR AGREEMENTS ENCUMBERING THE PROPERTY, SUBSTANTIATION OF ZONING STATUS AND VERIFICATION OF TITLE INSURANCE. THE EXECUTIVE COMMITTEE SHALL ARRANGE FOR AN APPRAISAL OF THE PROPERTY AND WILL OBTAIN A TITLE REPORT FOR THE PROPERTY WHERE IT DEEMS IT TO BE APPROPRIATE.

EXPENSES FOR THE APPRAISAL AND TITLE BINDER SHALL BE PAID BY THE DONOR.

IF A PROPOSED LAND GIFT HAS CONSERVATION VALUE, STAFF WILL DEVELOP A CONSERVATION PLAN, INCLUDING OWNERSHIP AND/OR DISPOSITION RECOMMENDATIONS

Part XIII Supplemental Information *(continued)*

FOR PROTECTION OF THE PROPERTY'S CONSERVATION VALUES. GIFTS OF REAL PROPERTY THAT DO NOT MEET TENNGREEN'S CONSERVATION CRITERIA MAY BE ACCEPTED ON THE PREMISE OF TENNGREEN SELLING THE PROPERTY AT THE BEST PRICE ATTAINABLE GIVEN CURRENT MARKET CONDITIONS. TENNGREEN'S BOARD HAS DISCRETION TO APPROVE THE ACCEPTANCE OF SUCH GIFTS, UPON THE RECOMMENDATION OF ITS CONSERVATION COMMITTEE. WHEN ACCEPTED, SUCH PROPERTIES WILL BE SOLD AND THE RESULTING REVENUES WILL BE DESIGNATED BY THE BOARD. IN EVALUATING A GIFT OF REAL ESTATE FOR PURPOSES OTHER THAN CONSERVATION, TENNGREEN WILL CONSIDER A NUMBER OF FACTORS, INCLUDING, BUT NOT LIMITED TO, THE PROPERTY'S TITLE, LOCATION, MARKETABILITY, ENCUMBRANCES, ZONING STATUS, CARRYING COSTS, INCOME, POTENTIAL CONFLICTS OR PERCEIVED CONFLICTS OF INTEREST, PUBLIC PERCEPTIONS REGARDING THE RECEIPT AND SALE OF THE PROPERTY, POTENTIAL ENVIRONMENTAL IMPLICATIONS, ETC. MORTGAGES AND OTHER ENCUMBRANCES SHOULD BE DISCHARGED PRIOR TO CONVEYANCE TO TENNGREEN. AS A GENERAL RULE, GIFTS OF NON-CONSERVATION REAL ESTATE SHOULD HAVE A MINIMUM NET PROJECTED SALES VALUE TO TENNGREEN (MEASURED IN PRESENT DOLLARS) OF $25,000. THE AMOUNT OF $25,000.00 SHALL INCREASE EVERY YEAR AT THE RATE OF INFLATION BEGINNING IN FY 2020.

ETHICAL STANDARDS AND COMPLIANCE

TENNGREEN LAND CONSERVANCY SHALL ADMINISTER GIFTS PROPERLY, SHALL COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS, INCLUDING THOSE GOVERNING REPORTING AND RETENTION, AND SHALL PROVIDE FORMAL ACKNOWLEDGMENTS FOR GIFTS. TENNGREEN SHALL NOT FURNISH PROPERTY APPRAISALS OR GIFT VALUATIONS TO DONORS FOR TAX PURPOSES. TENNGREEN ACKNOWLEDGMENT LETTERS MAY ACKNOWLEDGE THE VALUE OF A GIFT IN THE CASE OF A CASH, CHECK OR OTHER MONETARY DONATION OR IF REQUIRED BY APPLICABLE LAW. OTHERWISE, THE DONOR IS SOLELY RESPONSIBLE FOR DETERMINING GIFT VALUATIONS FOR HIS OR HER OWN TAX

Part XIII Supplemental Information *(continued)*

PURPOSES. TENNGREEN SHALL CONSULT WITH INDEPENDENT ADVISORS WHERE IT DEEMS SUCH ACTION TO BE APPROPRIATE. TENNGREEN SHALL STRIVE TO CONSIDER THE INTERESTS OF THE DONOR AND DISCLOSE TO THE DONOR ALL ESSENTIAL INFORMATION, INCLUDING ANY FEES, PRIOR TO ACCEPTANCE OF THE DONOR'S GIFT. DONORS MAY BE ADVISED TO CONSULT WITH LEGAL OR TAX COUNSEL OR OTHER APPROPRIATE ADVISORS.

REVIEW OF POLICY

TENNGREEN LAND CONSERVANCY'S GOVERNANCE COMMITTEE, EXECUTIVE COMMITTEE, AND BOARD OF DIRECTORS HAVE REVIEWED AND ACCEPTED THE FOREGOING GIFT ACCEPTANCE POLICY. THE GOVERNANCE COMMITTEE SHALL CONDUCT PERIODIC REVIEWS OF THIS POLICY AND SHALL RECOMMEND ANY FUTURE CHANGES

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

TENNGREEN LAND CONSERVANCY'S BOARD OF DIRECTORS ADOPTED AN ENDOWMENT GOAL OF $10,000 PER EASEMENT PROPERTY AT INCEPTION OF THE PROGRAM IN 1999. THIS GOAL IS EVALUATED WITH THE ACCEPTANCE OF EACH EASEMENT ON A CASE-BY-CASE BASIS BUT NOT BELOW A MINIMUM OF $5,000 PER EASEMENT PROJECT. IF ENDOWMENT FUNDS ARE NOT SECURED AT OR BY THE COMPLETION OF THE TRANSACTION, TENNGREEN HAS A PLAN TO SECURE THESE FUNDS AND HAS A POLICY COMMITTING THE FUNDS TO THIS PURPOSE. TENNGREEN'S CONSERVATION EASEMENTS PROVIDE GUIDANCE FOR ARBITRATION AND VIOLATION ENFORCEMENT. HOWEVER, SHOULD LEGAL ENFORCEMENT BE REQUIRED, THE FULL BOARD OF DIRECTORS WILL APPROVE THE PROCESS AND BUDGET. RESTRICTED ACCOUNTS ARE ESTABLISHED FOR ALL EASEMENTS AND REFLECTED ON THE MONTHLY BALANCE SHEET AND REPORTED TO THE BOARD. NOTE: CONTRIBUTION TO AN ENDOWMENT FUND IS NOT REQUIRED. THE LAND GIFT IS THE REAL GIFT TO CONSERVATION AND STEWARDSHIP FUNDING IS SOUGHT FROM GENERAL MEMBERSHIP OR BEQUESTS.

Part XIII Supplemental Information *(continued)*

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501C(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR FEDERAL INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY UNCERTAIN TAX POSITIONS. FURTHER, THE ORGANIZATION DOES NOT BELIEVE THEY HAVE ANY UNRELATED BUSINESS INCOME, WHICH WOULD BE SUBJECT TO FEDERAL INCOME TAXES. THE ORGANIZATION IS NOT SUBJECT TO EXAMINATION BY U.S. FEDERAL OR STATE TAXING AUTHORITIES FOR YEARS BEFORE 2015.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENT EXPENSES **$ 42,325**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENT EXPENSES **$ 42,325**

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

u Attach to Form 990 or Form 990-EZ.

u Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

TENNGREEN LAND CONSERVANCY

Employer identification number

62-1557574

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	(iii) Did fund-raiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SPRING FLING (event type)	(b) Event #2 EVENTS UNDER $5 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	104,258	8,385		112,643
	2 Less: Contributions	104,258	8,385		112,643
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	15,790			15,790
	7 Food and beverages	13,316			13,316
	8 Entertainment	1,000			1,000
	9 Other direct expenses	8,530	3,689		12,219
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				42,325
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-42,325

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name **u**

Address **u**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u**$

Description of services provided **u**

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

TENNGREEN LAND CONSERVANCY

Employer identification number

62-1557574

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FRIENDS OF INDIAN LAKE PENINSULA 170 E MAIN STREET HENDERSONVILLE TN 37075	82-4307209	501C3	13,700				CONTRIBUTION
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... u 1

3 Enter total number of other organizations listed in the line 1 table ..... u

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

u **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
u **Attach to Form 990.**
u **Go to** *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization

TENNGREEN LAND CONSERVANCY

Employer identification number

62-1557574

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	4,103	
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other	X	1	650,000	
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other u(MISC ITEMS)	X	1	7,249	
26	Other u( )				
27	Other u( )				
28	Other u( )				

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

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. u Attach to Form 990 or 990-EZ. u Go to *www.irs.gov/Form990* for the latest information.	2018 Open to Public Inspection

Name of the organization	Employer identification number
TENNGREEN LAND CONSERVANCY	62-1557574

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

MARY LYNN DOBSON — ANN TIDWELL

REGIONAL VP — ASSIST TREAS

SISTERS

JOHN NOEL — MELINDA WELTON

PRESIDENT — BOARD MEMBER

HUSBAND/WIFE

FORM 990, PART VI, LINE 4 – SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

RESTATED CHARTER IN OCTOBER 2019

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE EXECUTIVE COMMITTEE AND FINANCE AND INVESTMENT COMMITTEES REVIEWED THE 990 AND THEN PROVIDED THE FORM TO THE FULL BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

IF A BOARD MEMBER HAS A CONFLICT OF INTEREST, THEY LEAVE THE ROOM OR DISCONNECT FROM THE CONFERENCE CALL BEFORE VOTING AND DISCUSSION OF VOTING BEGINS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

TENNGREEN REVIEWS NATIONAL AND REGIONAL SALARY SURVEYS FOR NON-PROFITS AND LAND TRUSTS. TENNGREEN REVIEWS NATIONAL TRENDS FROM THE LAND TRUST ALLIANCE

Name of the organization: TENNGREEN LAND CONSERVANCY

Employer identification number: 62-1557574

SALARY SURVEY AND ATTEMPTS TO COMPETE WITH THE MEDIAN SALARY FOR PARTICULAR JOBS IN ORGANIZATIONS WITH SIMILAR BUDGET SIZES. THE BOARD APPROVES ALL SALARY CHANGES FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

IN SETTING COMPENSATION, THE ORGANIZATION MAY CONSIDER, AMONG OTHER THINGS, EXTERNAL LABOR, MARKET RATES, EQUITABLE RELATIONSHIP WITH OTHER JOBS WITHIN THE ORGANIZATION, AND THE ORGANIZATION'S ABILITY TO PAY. THE EXECUTIVE DIRECTOR REVIEWS EACH EMPLOYEE'S COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

TENNGREEN LAND CONSERVANCY IS COMMITTED TO OPERATING IN AN ETHICAL, LEGAL, AND TECHNICALLY SOUND MANNER TO ENSURE LONG-TERM PROTECTION OF THE LAND IN PUBLIC INTEREST. OUR ENTIRE STANDARDS AND PRACTICE MANUAL IS AVAILABLE FOR DOWNLOAD ON OUR WEBSITE. IN ADDITION, OUR PROFILE ON GIVINGMATTERS.COM AND GUIDESTAR.ORG WEBSITES INCLUDES FINANCIAL STATEMENTS. OUR GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
OTHER FEES	$ 84,015	$ 1,366	$ 2,331

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

SPECIAL EVENT EXPENSES $ 42,325

Name of the organization | Employer identification number

TENNGREEN LAND CONSERVANCY | **62-1557574**

SPECIAL EVENT EXPENSES	**$ -42,325**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

u **Attach to your tax return.**

u **Go to** *www.irs.gov/Form4562* **for instructions and the latest information.**

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

Name(s) shown on return

TENNGREEN LAND CONSERVANCY

Identifying number

62-1557574

Business or activity to which this form relates

INDIRECT DEPRECIATION

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 instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
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	
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 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,505

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
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 u ☐		

Section B—Assets Placed in Service During 2018 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 2018 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	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 instructions	22	4,505
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	

4710217 TennGreen Land Conservancy
62-1557574
FYE: 9/30/2019

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	117 30th Avenue South	5/14/12	50,735				50,735	40	MO	S/L	8,139	1,268
2	50 Gal. Electric Water Heater	2/27/13	901				901	15	MO	S/L	335	60
3	Roof	5/20/13	5,135				5,135	15	MO	S/L	1,826	342
4	Screens and Storm Windows	3/31/14	1,244				1,244	15	MO	S/L	373	83
5	Randolph Bluff HVAC Unit	4/30/14	4,009				4,009	15	MO	S/L	1,180	267
6	Chimney Repair	6/30/14	2,110				2,110	15	MO	S/L	598	141
7	Desk	6/15/05	81				81	7	MO	S/L	81	0
8	Projector Optoma	10/17/05	1,500				1,500	5	MO	S/L	1,500	0
9	GPS	4/26/06	249				249	5	MO	S/L	249	0
10	Filing Cabinet	11/30/06	30				30	5	MO	S/L	30	0
12	Digital Camera w/GPS	8/15/07	1,510				1,510	5	MO	S/L	1,510	0
17	1TB External Backup Drive	3/19/10	150				150	5	MO	S/L	150	0
20	22" LCD Monitor	5/11/10	160				160	5	MO	S/L	160	0
21	Linksys Cisco VPN Router	5/11/10	130				130	5	MO	S/L	130	0
23	2 - 17" Monitors	11/30/10	90				90	5	MO	S/L	90	0
24	8 Port Switch	11/30/10	45				45	5	MO	S/L	45	0
25	Novacopy Konica Minolta C	8/08/12	3,091				3,091	5	MO	S/L	3,091	0
27	Board Member Table & Exec	5/31/12	885				885	5	MO	S/L	885	0
28	Refrigerator	5/13/13	499				499	10	MO	S/L	271	50
29	IPAD 128GB Silver	6/28/15	699				699	5	MO	S/L	455	139
30	Sonicwall TZ 205	4/01/15	712				712	5	MO	S/L	499	142
31	Land - 117 30th Ave South	5/14/12	231,124				231,124	0	--	Land	0	0
32	Driveway & Retaining Wall	1/17/13	6,943				6,943	20	MO	S/L	1,966	347
33	2000 Infinity	6/06/13	3,410				3,410	10	MO	S/L	1,819	341
34	West Meade Cave-Davidson	12/31/14	24,119				24,119	0	--	Land	0	0
35	Eagle Pass Trail-Cheatham	12/31/14	48,500				48,500	0	--	Land	0	0
36	Braun-Cumberland	12/31/14	32,000				32,000	0	--	Land	0	0
39	Hill's Island-Davidson	12/31/14	40,000				40,000	0	--	Land	0	0
40	White Oak Creek-Fentress	12/31/14	265,000				265,000	0	--	Land	0	0
43	Randolph Bluff-Building	1/01/16	210,432				210,432	0	--	Land	0	0
44	Randolph Bluff-Land	1/01/16	70,000				70,000	0	--	Land	0	0
45	Macbook Pro Computer	8/01/16	2,349				2,349	5	MO	S/L	1,018	470
48	Server	9/29/17	2,616				2,616	10	MO	S/L	262	261
49	Desktop Tower	9/29/17	716				716	10	MO	S/L	72	71
50	Desktop Tower	9/29/17	1,029				1,029	10	MO	S/L	103	103
51	Laptop	12/05/16	799				799	10	MO	S/L	146	80
52	Desktop Tower	12/05/16	710				710	10	MO	S/L	130	71
53	SLR Camera	10/06/17	502				502	5	MO	S/L	100	101
54	Firewall	1/31/18	844				844	5	MO	S/L	113	168
58	Felt Track	9/17/18	2,600				2,600	0	--	Land	0	0
59	Rock Island - Tolbert	7/19/18	250,000				250,000	0	--	Land	0	0
60	Bark Camp Barrens	7/19/18	444,870				444,870	0	--	Land	0	0
61	Cumberland Co. Hinch Mtn-Warner	8/09/18	232,575				232,575	0	--	Land	0	0
	Total Other Depreciation		1,945,103				1,945,103				27,326	4,505
	Total ACRS and Other Depreciation		1,945,103				1,945,103				27,326	4,505
	Grand Totals		1,945,103				1,945,103				27,326	4,505
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,945,103				1,945,103				27,326	4,505

4710217 TennGreen Land Conservancy
62-1557574
FYE: 9/30/2019

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	117 30th Avenue South	5/14/12	0				0	0	HY		0	0
2	50 Gal. Electric Water Heater	2/27/13	0				0	0	HY		0	0
3	Roof	5/20/13	0				0	0	HY		0	0
4	Screens and Storm Windows	3/31/14	0				0	0	HY		0	0
5	Randolph Bluff HVAC Unit	4/30/14	0				0	0	HY		0	0
6	Chimney Repair	6/30/14	0				0	0	HY		0	0
7	Desk	6/15/05	0				0	0	HY		0	0
8	Projector Optoma	10/17/05	0				0	0	HY		0	0
9	GPS	4/26/06	0				0	0	HY		0	0
10	Filing Cabinet	11/30/06	0				0	0	HY		0	0
12	Digital Camera w/GPS	8/15/07	0				0	0	HY		0	0
17	1TB External Backup Drive	3/19/10	0				0	0	HY		0	0
20	22" LCD Monitor	5/11/10	0				0	0	HY		0	0
21	Linksys Cisco VPN Router	5/11/10	0				0	0	HY		0	0
23	2 - 17" Monitors	11/30/10	0				0	0	HY		0	0
24	8 Port Switch	11/30/10	0				0	0	HY		0	0
25	Novacopy Konica Minolta C	8/08/12	0				0	0	HY		0	0
27	Board Member Table & Exec	5/31/12	0				0	0	HY		0	0
28	Refrigerator	5/13/13	0				0	0	HY		0	0
29	IPAD 128GB Silver	6/28/15	0				0	0	HY		0	0
30	Sonicwall TZ 205	4/01/15	0				0	0	HY		0	0
31	Land - 117 30th Ave South	5/14/12	0				0	0	HY		0	0
32	Driveway & Retaining Wall	1/17/13	0				0	0	HY		0	0
33	2000 Infinity	6/06/13	0				0	0	HY		0	0
34	West Meade Cave-Davidson	12/31/14	0				0	0	HY		0	0
35	Eagle Pass Trail-Cheatham	12/31/14	0				0	0	HY		0	0
36	Braun-Cumberland	12/31/14	0				0	0	HY		0	0
39	Hill's Island-Davidson	12/31/14	0				0	0	HY		0	0
40	White Oak Creek-Fentress	12/31/14	0				0	0	HY		0	0
43	Randolph Bluff-Building	1/01/16	0				0	0	HY		0	0
44	Randolph Bluff-Land	1/01/16	0				0	0	HY		0	0
45	Macbook Pro Computer	8/01/16	0				0	0	HY		0	0
48	Server	9/29/17	2,616				2,616	10	MO	S/L	262	261
49	Desktop Tower	9/29/17	716				716	10	MO	S/L	72	71
50	Desktop Tower	9/29/17	1,029				1,029	10	MO	S/L	103	103
51	Laptop	12/05/16	799				799	10	MO	S/L	146	80
52	Desktop Tower	12/05/16	710				710	10	MO	S/L	130	71
53	SLR Camera	10/06/17	0				0	0	HY		0	0
54	Firewall	1/31/18	0				0	0	HY		0	0
58	Felt Track	9/17/18	0				0	0	HY		0	0
59	Rock Island - Tolbert	7/19/18	0				0	0	HY		0	0
60	Bark Camp Barrens	7/19/18	0				0	0	HY		0	0
61	Cumberland Co. Hinch Mtn-Warner	8/09/18	0				0	0	HY		0	0
	Total Other Depreciation		5,870				5,870				713	586
	Total ACRS and Other Depreciation		5,870				5,870				713	586
	Grand Totals		5,870				5,870				713	586
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		5,870				5,870				713	586

4710217 TennGreen Land Conservancy
62-1557574
FYE: 9/30/2019

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

4710217 TennGreen Land Conservancy
62-1557574 **Future Depreciation Report FYE: 9/30/20**
FYE: 9/30/2019 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	117 30th Avenue South	5/14/12	50,735	1,269	0
2	50 Gal. Electric Water Heater	2/27/13	901	60	0
3	Roof	5/20/13	5,135	342	0
4	Screens and Storm Windows	3/31/14	1,244	83	0
5	Randolph Bluff HVAC Unit	4/30/14	4,009	267	0
6	Chimney Repair	6/30/14	2,110	141	0
7	Desk	6/15/05	81	0	0
8	Projector Optoma	10/17/05	1,500	0	0
9	GPS	4/26/06	249	0	0
10	Filing Cabinet	11/30/06	30	0	0
12	Digital Camera w/GPS	8/15/07	1,510	0	0
17	1TB External Backup Drive	3/19/10	150	0	0
20	22" LCD Monitor	5/11/10	160	0	0
21	Linksys Cisco VPN Router	5/11/10	130	0	0
23	2 - 17" Monitors	11/30/10	90	0	0
24	8 Port Switch	11/30/10	45	0	0
25	Novacopy Konica Minolta C	8/08/12	3,091	0	0
27	Board Member Table & Exec	5/31/12	885	0	0
28	Refrigerator	5/13/13	499	50	0
29	IPAD 128GB Silver	6/28/15	699	105	0
30	Sonicwall TZ 205	4/01/15	712	71	0
31	Land - 117 30th Ave South	5/14/12	231,124	0	0
32	Driveway & Retaining Wall	1/17/13	6,943	348	0
33	2000 Infinity	6/06/13	3,410	341	0
34	West Meade Cave-Davidson	12/31/14	24,119	0	0
35	Eagle Pass Trail-Cheatham	12/31/14	48,500	0	0
36	Braun-Cumberland	12/31/14	32,000	0	0
39	Hill's Island-Davidson	12/31/14	40,000	0	0
40	White Oak Creek-Fentress	12/31/14	265,000	0	0
43	Randolph Bluff-Building	1/01/16	210,432	0	0
44	Randolph Bluff-Land	1/01/16	70,000	0	0
45	Macbook Pro Computer	8/01/16	2,349	470	0
48	Server	9/29/17	2,616	262	262
49	Desktop Tower	9/29/17	716	72	72
50	Desktop Tower	9/29/17	1,029	103	103
51	Laptop	12/05/16	799	80	80
52	Desktop Tower	12/05/16	710	71	71
53	SLR Camera	10/06/17	502	100	0
54	Firewall	1/31/18	844	169	0
58	Felt Track	9/17/18	2,600	0	0
59	Rock Island - Tolbert	7/19/18	250,000	0	0
60	Bark Camp Barrens	7/19/18	444,870	0	0
61	Cumberland Co. Hinch Mtn-Warner	8/09/18	232,575	0	0
	Total Other Depreciation		1,945,103	4,404	588
	Total ACRS and Other Depreciation		1,945,103	4,404	588
	Grand Totals		1,945,103	4,404	588

4710217

Form **990**

Event Income and Deduction Worksheet

Description **EVENTS UNDER $5,000**

2018

Name
TENNGREEN LAND CONSERVANCY

Taxpayer Identification Number
62-1557574

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	**1.**	
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	**8,385**
7. Total revenue. Add lines 1 through 6	**7.**	**8,385**
8. Cost of Goods Sold	**8.**	
9. Employment Expense	**9.**	
10. Fees for services	**10.**	
11. Indirect Expense	**11.**	
12. Depreciation Expense	**12.**	
13. Exempt Activity Expense	**13.**	
14. Fundraising Expense	**14.**	**3,689**
15. Total expenses. Add lines 8 through 14	**15.**	**3,689**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**4,696**

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- ☐ Schedule E
- ☐ Schedule F
- ☐ Schedule G
- ☐ Schedule I
- ☐ Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	**3,689**
Total Fundraising Expense	**3,689**

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

4710217

Form **990**

Event Income and Deduction Worksheet

Description **SPRING FLING**

2018

Name
TENNGREEN LAND CONSERVANCY

Taxpayer Identification Number
62-1557574

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	**1.**	
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	**104,258**
7. Total revenue. Add lines 1 through 6	**7.**	**104,258**
8. Cost of Goods Sold	**8.**	
9. Employment Expense	**9.**	
10. Fees for services	**10.**	
11. Indirect Expense	**11.**	
12. Depreciation Expense	**12.**	
13. Exempt Activity Expense	**13.**	
14. Fundraising Expense	**14.**	**38,636**
15. Total expenses. Add lines 8 through 14	**15.**	**38,636**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**65,622**

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- ☐ Schedule E
- ☐ Schedule F
- ☐ Schedule G
- ☐ Schedule I
- ☐ Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	**15,790**
Food & beverages (Part II only)	**13,316**
Entertainment (Part II only)	**1,000**
Other direct expenses	**8,530**
Total Fundraising Expense	**38,636**

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

4710217

Form **990/990PF** | **Rent Income and Deduction Worksheet** | **2018**

Description **OFFICE RENTAL**

Name: **TENNGREEN LAND CONSERVANCY**

Taxpayer Identification Number: **62-1557574**

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	**1.**	**58,500**
Expenses (see details on worksheets below):		
2. Fees for services	**2.**	
3. Depreciation Expense	**3.**	
4. Direct Expense	**4.**	
5. Total expenses. Add lines 8 through 12	**5.**	
6. Net Income/Loss. Line 7 minus Line 13	**6.**	**58,500**

Expense Details - Fees for Services:

Accounting	
Legal	
Commissions	
Management	
Other Professional Fees	
Total Fees for Services	

Expense Details - Depreciation Expense:

On non-investment property	
On investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Direct Expense:

Interest	
Taxes/licenses	
Occupancy Expenses	
Repairs & Maintenance	
Travel/conferences/meetings	
Printing & Publication	
Advertising	
Insurance	
Utilities	
Supplies	
Other expenses	
Total Direct Expense	

Information is being used for the following Form 990-T schedules:

- ☐ Schedule C
- ☐ Schedule E
- ☐ Schedule F
- ☐ Schedule G

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First	
Second	
Third	
All other	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
COMMUNITY FOUNDATION	$ 1,009		14			
INTEREST AND DIVIDENDS	63,311		14			
TOTAL	$ 64,320					

4710217 TennGreen Land Conservancy
62-1557574
FYE: 9/30/2019

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	$ 87,712	$ 84,015	$ 1,366	$ 2,331
TOTAL	$ 87,712	$ 84,015	$ 1,366	$ 2,331

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL DEVELOPMENT	$ 4,054	$ 350	$ 987	$ 2,717
SMALL EVENT EXPENSES	3,823	3,823		
BAD DEBT	2,500			2,500
TOTAL	$ 10,377	$ 4,173	$ 987	$ 5,217

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
DALE ENSOR	$ 10,000	$
TED LAROCHE	5,000	
MARY L. DOBSON	30,802	
THE COMMUNITY FOUNDATION OF MIDDLE T	19,191	
ESTIE SHEAHAN	6,150	
ANN TIDWELL	5,000	
LOUISE GORENFLO	5,679	
GARY T. MYERS	5,000	
CHARLES T. WOMACK	12,000	
STEPHEN J. STEDMAN	79,000	
LYNDHURST FOUNDATION	20,000	
THE CREEK BED FOUNDATION	10,000	
MARK DENISON	5,071	
NITA WHITFIELD	30,320	
MARK PEACOCK	17,100	
NICK NUNN	5,000	
THE TUCKER FOUNDATION	12,000	
THE BAILEY COMPANY	30,000	
FIDELITY CHARITABLE GIFT FUND	10,050	
CHARLES MUSTO	5,001	
SCHWAB CHARITABLE FUND		
BONGO PRODUCTIONS	5,000	
BRIDGESTONE AMERICAS TRUST FUND	5,000	
DAN AND MARGARET MADDOX CHARITABLE F		
MAC DOBSON	6,500	
TERESA CHASTEEN	6,100	
GEORGE BULLARD	7,500	
THE CAROLYN SMITH FOUNDATION	10,000	
CHARLES E. KLABUNDE TRUST	8,000	
BUCKNER FAMILY CHARITABLE FUND	5,000	
LEE COMPANY	10,000	
KATHERINE ST FRANCIS	5,000	
COMMUNITY FOUNDATION FOR GREATER ATL	25,000	
NATIONAL FISH AND WILDLIFE FOUNDATIO	81,380	
JOHN LOWRANCE	5,000	
PRESTIGE BUILDERS OF NW GEORGIA		
CUMBERLAND TRAILS CONFERENCE		
SWAN CONSERVATION TRUST		
THE FRIST FOUNDATION		
SAM GLASGOW		
CHARLES GLEGHORN		
HEALING STONES FOUNDATION		
PRESTIGE BUILDERS OF NW GEORGIA		
TOM RICE		
RIC FINCH		
TED LAROCHE		
CENTER FOR SUSTAINABLE STEWARDSHIP		
CHARLES E. KLABUNDE TRUST	127,782	28,022
MARY L. DOBSON	40,409	
HYDE FAMILY FOUNDATION	35,600	
COMMUNITY FOUNDATION OF GREATER CHA	20,000	
TOTAL	$ 725,635	$ 28,022

Federal Statements

SPRING FLING

Other Direct Fundraising or Gaming Expenses

Description	Amount
COMPUTER	$ 1,143
OFFICE EXPENSE	4,454
MARKETING	600
TRAVEL	215
OTHER	2,118
TOTAL	$ 8,530