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.) Part VI

## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization		Employer identification number
TENNESSEE PARKS AND GREENWAYS	FOUNDATION	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 <b>not</b> treated as a	private foundation
	527 political organization	
	OE Political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
		ne foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>General</b>	Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, contributions tota	ling \$5,000 or more (in money or
property) from any one contributor. Comple	le Parts I and II. See instructions for determining a contribut	or's total contributions.
Special Rules		
X For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp	ort 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, 1 ne year, total contributions of the greater of (1) \$5,000 or ( <b>2</b> )	6a, or 16b, and that
Form 990, Part VIII, line 1h, or (ii) Form 990	0-EZ, line 1. Complete Parts I and II.	2 % of the amount on (i)
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit	rom any one contributor,
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	crary, or caucational
	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f	
	r religious, charitable, etc., purposes, but no such contribution	
	e total contributions that were received during the year for a by of the parts unless the <b>General Rule</b> applies to this organi	
	ble, etc., contributions totaling \$5,000 or more during the year	
,	<u> </u>	
Caution. An organization that isn't covered by t	he General Rule and/or the Special Rules doesn't file Sched	ule B (Form 990, 990-EZ, or
990-PF), but it must answer 'No' on Part IV, lin	e 2, of its Form 990; or check the box on line H of its Form 9 filing requirements of Schedule B (Form 990, 990-EZ, or 990	990-EZ or on its Form 990-PF.
raiti, mic 2, to certify that it doesn't meet the	ming requirements of ochedule D (Form 550, 550-LZ, OF 550	(3.3 Ye

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

1 of

3 of Part I

Name of organization
TENNESSEE PARKS AND GREENWAYS FOUNDATION

Employer identification number 62–1557574

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>13,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	20.5	\$29,750.	Person X  Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>10,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$32,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Page 2 of 5

3 of Part I

Name of organization TENNESSEE PARKS AND GREENWAYS FOUNDATION

62-1557574

THIMING	BEEL THREE THE CREEKWILLE LOCKETHION	02 1.	331314
Part I	Contributors (see instructions). Use duplicate copies of Part 1 if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>8,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$25,000.	Person X  Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$ <u>19,884</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ <u>10,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_		\$100,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
DAA	TEFANTON DOMONIC	Schodula B (Form 90)	000 E7 or 000 DE (2016)

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	3 of 3 of Part
Name of org	anization SEE PARKS AND GREENWAYS FOUNDATION		r identification number 557574
			557574
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	· · · · · · · · · · · · · · · · · · ·	Y
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		\$ <u>12,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Page

TENNESSEE PARKS AND GREENWAYS FOUNDATION

1 to 1 of Part II
Employer identification number 62-1557574

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		,	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<u> </u>
(a) No. from	(b) Description of noncash property given	(c)	(d) Date received
from Part I	Description of noncash property given	(c) FMV (or estimate) (see instructions)	Date received
		\$	
(a) No	(b)	(c)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		25	
		\$	
RΔΔ	Schi	edule B (Form 990, 990-F2	7. or 990-PF) (2016

1 of Part III

Name of organization TENNESSEE PARKS AND GREENWAYS FOUNDATION Employer identification number 62–1557574

	exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contrib ompleting Part III, enter the tota (Enter this information once. So space is needed.	<b>outor.</b> Comple al of <i>exclusiv</i> e	te columns (a) through (e) and ely religious, charitable, etc., is.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A		 	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	TENNESSEE PARKS AND GREENWAYS FOUNDATION	62-1557574
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line	nds or Accounts.
36(0)	(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 dare the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun for charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	purpose conferring
Par	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).	
	$\boxed{X}$ Preservation of land for public use (e.g., recreation or education) $\boxed{X}$ Preservation	of a historically important land area
		of a certified historic structure
	X Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	m of a conservation easement on the
	last day of the tax year.	
	Total number of conservation easements.	Held at the End of the Tax Year  2a 29
- 7	Total acreage restricted by conservation easements.	
	Number of conservation easements on a certified historic structure included in (a)	
		500 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
C	Number of conservation easements included in (c) acquired after 8/17/06, and not on a histo structure listed in the National Register.	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ►	he organization during the
4	Number of states where property subject to conservation easement is located ▶	<u>2</u>
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha and enforcement of the conservation easements it holds?SEE PART XIII	X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co  56	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing consers \$\1,098.	vation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se and section 170(h)(4)(B)(ii)?	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experinclude, if applicable, the text of the footnote to the organization's financial statements that conservation easements.  SEE PART XIII	nse statement, and balance sheet, and describes the organization's accounting for
Par		Other Similar Assets.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reveart, historical treasures, or other similar assets held for public exhibition, education, or research in fin Part XIII, the text of the footnote to its financial statements that describes these items.	enue statement and balance sheet works of urtherance of public service, provide,
ŀ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items:	erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	The state of the s
	If the organization received or held works of art, historical treasures, or other similar assets for final amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	200 100
	Revenue included on Form 990, Part VIII, line 1.	
L	Assets included in Form 990, Part Y	ÞĠ

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	241,191.	241,191.	193,232.	193,232.	173,191.
<b>b</b> Contributions	40,000.	(eq. 10	W.		20,041.
c Net investment earnings, gains, and losses					
d Grants or scholarships				77.00	
e Other expenditures for facilities and programs			0.		384 DAY 5
f Administrative expenses					
g End of year balance	281,191.	241,191.	193,232.	193,232.	193,232.
2 Provide the estimated percentage	of the current year en	d balance (line 1g,	column (a)) held as:		

a Board designated or quasi-endowment	<b>&gt;</b>		
<b>b</b> Permanent endowment ►		%	
a Temporarily restricted endowment			2

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

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

	anization by:		Yes	No	
(i)	unrelated organizations	3a(i)	X		
(ii)	related organizations.	3a(ii)		Х	
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. SEE PART XIII

#### 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
1 a Land	2,771,477.	231,124.		3,002,601.
<b>b</b> Buildings	32,000.	64,134.	8,127.	88,007.
c Leasehold improvements		6,943.	1,272.	5,671.
d Equipment		32,514.	25,876.	6,638.
<b>e</b> Olher				
otal. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, c	olumn (B), line 10c.)		3,102,917.

BAA

b

Schedule D (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value	O, Part IV, line 11b. See Form 990, Part X, line 12  (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)		
<u>(l)</u>		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments - Program Related.	l'Vas' on Form 00	N/A
(a) Description of investment	(b) Book value	D, Part IV, line 11c. See Form 990, Part X, line 13 (c) Method of valuation: Cost or end-of-year market value
	(b) Dook value	(C) Method of Valuation. Cost of end-of-year market value
(1)		
(3)		
(5)		
(6)		
(7)		
(8)	7 7 7	
(9)	***	
(10)		
(10)	I .	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	•	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . • Part IX Other Assets.  Complete if the organization answered	N/A 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . • Part IX Other Assets.  Complete if the organization answered (a) De	N/A	D, Part IV, line 11d. See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered  (a) De	N/A 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . • Part IX Other Assets.  Complete if the organization answered (a) De	N/A 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4)	N/A 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5)	N/A 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6)	N/A 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	N/A 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	N/A 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/Add 'Yes' on Form 990	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (	N/Add 'Yes' on Form 990	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities.	N/Add 'Yes' on Form 990 scription	O, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability	N/Add 'Yes' on Form 990 scription	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities.  Complete if the organization answered 'Yes' on Figure (a) Description of liability (1) Federal income taxes	N/Ad 'Yes' on Form 996 scription  B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of liability (1) Federal income taxes (2)	N/Ad 'Yes' on Form 996 scription  B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3)	N/Ad 'Yes' on Form 996 scription  B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4)	N/Ad 'Yes' on Form 996 scription  B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	N/Ad 'Yes' on Form 996 scription  B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	N/Ad 'Yes' on Form 996 scription  B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Complete if the organization answered 'Yes' on F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	N/Ad 'Yes' on Form 996 scription  B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	N/Ad 'Yes' on Form 996 scription  B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	N/Ad 'Yes' on Form 996 scription  B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	N/Ad 'Yes' on Form 996 scription  B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) December (b) December (a) December (b) December (a) December (b) December (b) December (c)	N/Ad 'Yes' on Form 999 scription  B) line 15.)	D, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  1e or 11f. See Form 990, Part X, line 25

	02 10	03/3/4 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	nue per Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12	2a.	
1 Total revenue, gains, and other support per audited financial statements	1	483,725.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	454.	
b Donated services and use of facilities	15,000.	
c Recoveries of prior year grants	11/6	
c Recoveries of prior year grants	70,627.	
e Add lines 2a through 2d		e 86,081.
3 Subtract line 2e from line 1	3	397,644.
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		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4	С
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	397,644.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expe	enses per Ret	urn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12		
	₹a.	
1 Total expenses and losses per audited financial statements		642,220.
		642,220.
1 Total expenses and losses per audited financial statements	1	642,220.
<ul> <li>Total expenses and losses per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> </ul>		642,220.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a	1	642,220.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 a b Prior year adjustments 2 b	15,000.	642,220.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c	15,000. 70,628.	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 a b Prior year adjustments 2 b c Other losses 2 c d Other (Describe in Part XIII.) SEE PART XIII 2 d	70,628.	85,628.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	70,628.	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) EAD PART XIII e Add lines 2a through 2d Subtract line 2e from line 1.  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.  4 a	70,628.	85,628.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	70,628.	85,628.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	70,628.	85,628. 556,592.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	70,628.	85,628. 556,592.

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 - SUMMARIZED POLICY**

THE ORGANIZATION HAS A WRITTEN POLICY REGARDING THE MONITORING AND HANDLING OF VIOLATIONS AND ENFORCEMENTS OF EASEMENTS. THE FOUNDATION'S EASEMENTS PROVIDE GUIDANCE FOR ARBITRATION AND VIOLATION ENFORCEMENT.

#### PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

THE ORGANIZATION RECEIVES DONATIONS OF CONSERVATION EASEMENTS. A QUALIFIED CONSERVATION EASEMENT IS A RESTRICTION (THAT IS GRANTED IN PERPETUITY) ON THE USE OF

LAND GRANTED TO A CHARITY EXCLUSIVELY FOR CONSERVATION PURPOSES. THE FINANCIAL

Schedule **D** (Form 990) 2016

BAA

Part XIII Supplemental Information (continued)

#### PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS (CONTINUED)

STATEMENTS DO NOT REFLECT THEIR VALUE, BUT APPROXIMATELY 5,438.19 ACRES ARE CURRENTLY PROTECTED WITH AN APPRAISED VALUE AT THE DATE OF DONATION OF \$20,151,208.

#### PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

OVERVIEW: TENNGREEN BECAME REACCREDITED ON AUGUST 1, 2015 BY THE LAND TRUST ALLIANCE (LTA). AS PART OF REACCREDITATION, THE TENNGREEN BOARD OF DIRECTORS VOTED ON MAY 5, 2015 TO FULLY FUND THE STEWARDSHIP AND LEGAL DEFENSE OF CONSERVATION EASEMENTS AND FEE-OWNED PROPERTIES. GRANTORS OF CONSERVATION EASEMENTS ARE REQUESTED TO CONTRIBUTE \$10,000 PER EASEMENT TO THE STEWARDSHIP AND LEGAL DEFENSE FUND AND TENNGREEN CONTRIBUTES \$5,000 TO THIS FUND FOR EACH FEE-OWNED TRACT, UNLESS THE BOARD OF DIRECTORS APPROVES FUNDING AT A DIFFERENT LEVEL.

ON APRIL 27, 2016, THE LTA ACCREDITATION COMMISSION RELEASED AN UPDATED REQUIREMENTS MANUAL THAT INCLUDES A MORE SPECIALIZED STEWARDSHIP AND DEFENSE FUND CALCULATOR.

BASED ON THIS CALCULATOR, TENNGREEN MUST FUND EACH FEE SIMPLE AND CONSERVATION

EASEMENT PROJECT AT \$854 PER PROJECT ONCE A BASE RESERVE OF \$40,650 IS MET.

REVISED FUNDING AND OVERSIGHT: TENNGREEN CURRENTLY HOLDS \$249,150 IN RESERVE FUNDS
FOR THE LONG-TERM STEWARDSHIP AND LEGAL DEFENSE OF PROTECTED PROPERTIES. ON MAY 20,
2016 THE TENNGREEN BOARD OF DIRECTORS APPROVED DIVIDING THIS STEWARDSHIP AND LEGAL
DEFENSE FUND INTO TWO CATEGORIES: THE LTA REQUIRED FUND AND THE SURPLUS FUND. THE LTA
FUND WILL INITIALLY CONTAIN \$61,150 AND THE SURPLUS FUND WILL INITIALLY CONTAIN
\$188,000. FOR EACH FUTURE CONSERVATION EASEMENT, TENNGREEN WILL REQUEST \$5,000 TOWARD
THE STEWARDSHIP AND LEGAL DEFENSE FUND FROM THE LANDOWNER. IF THIS IS PROVIDED,
\$1,000 WILL BE ALLOCATED TO THE LTA REQUIRED FUND AND \$4,000 WILL BE ALLOCATED TO THE
SURPLUS FUND. IF A LANDOWNER IS UNABLE TO PROVIDE THE REQUESTED FUNDING, TENNGREEN
WILL TRANSFER \$1,000 FROM THE SURPLUS FUND TO THE LTA REQUIRED FUND. ADDITIONALLY,

Part XIII | Supplemental Information (continued)

#### PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)

NEW FEE SIMPLE PROPERTY OWNED BY TENNGREEN. THIS PRACTICE WILL ENSURE THAT TENNGREEN MAINTAINS THE FUNDING LEVEL REQUIRED BY LTA FOR LONG-TERM STEWARDSHIP AND LEGAL DEFENSE EXPENSES.

ENDOWMENT FUNDS ARE COMPRISED OF BOTH DONOR RESTRICTED FUNDS AND BOARD DESIGNATED FUNDS.

#### PART X - FIN 48 FOOTNOTE

WE ARE A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND ARE 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. WE DO NOT BELIEVE THERE ARE ANY UNCERTAIN TAX POSITIONS. FURTHER, WE DO NOT BELIEVE THAT WE HAVE ANY UNRELATED BUSINESS INCOME, WHICH WOULD BE SUBJECT TO FEDERAL TAXES. WE ARE NOT SUBJECT TO EXAMINATION BY U.S. FEDERAL OR STATE TAXING AUTHORITIES FOR YEARS BEFORE 2013.

#### SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

FUNDRAISING EXP RECORDED ON STMT OF REV. RENTAL EXPENSE RECORDED ON STMT OF REV. TOTAL	\$ 57,433. 13,194. 70,627.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S	
FUNDRAISING EXP RECORDED ON STMT OF REV. RENTAL EXPENSE RECORDED ON STMNT OF REV. TOTAL	\$ 57,434. 13,194. 70,628.

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

TENNESSEE PARKS AND GREEN					62-155757	74
Part I Fundraising Activities. Comple Form 990-EZ filers are not re	te if the organization	ation answ	ered 'Yes'	on Form 990, Part IV, line	e 17.	
1 Indicate whether the organization				lowing activities. Check	all that apply.	
a Mail solicitations		,	е		government grants	
b Internet and email solicitations	5		f	Solicitation of gove	ernment grants	
c Phone solicitations			g	H	850	
d In-person solicitations			3		•	
2 a Did the organization have a written o	r oral agreemen	t with any	individual (	including officers, directo	rs, trustees, or key	
employees listed in Form 990, Par	t VII) or entity	in connec	tion with p	rofessional fundraising	services?	Yes X No
b If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the	dividuals or ent	ities (fund	raisers) pu	ursuant to agreements	under which the fundra	iser is to be
- Compensated at least 40,000 by the	T organization	T			(A) Amount maid to	
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		of conti	dy or control ributions?		fundraiser listed in column (i)	organization
		Yes	No		column (i)	
1	a					
2						
3						
3						
4						
5						
		-				
6						
ů						
7						
8	1.2					
***************************************						
9						
9						
10						
9	•					
Total						0.
<ol><li>List all states in which the organization or licensing.</li></ol>	on is registered	or licensed	to solicit o	contributions or has been	notified it is exempt from	registration

Par	τII	Fundraising Events. Complete if t more than \$15,000 of fundraising List events with gross receipts gre	event contributions	s and gross income	on Form 990-EZ,	lines 1 and 6b.
R			(a) Event #1  SPRING FLING (event type)	(b) Event #2 SUNSET ON SOUT (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	121,773.	21,442.		143,215.
E	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	121,773.	21,442.		143,215.
	4	Cash prizes.		4.00		
D	5	Noncash prizes				
DIRECT	6	Rent/facility costs	3,136.		-	3,136.
	7	Food and beverages	26,200.	1,263.		27,463.
X P E	8	Entertainment	1,950.			1,950.
EXPENSES	9	Other direct expenses	11,534.	13,353.		24,887.
3	10	Direct expense summary. Add lines 4 thro				
Par	11 t III	Net income summary. Subtract line 10 fro <b>Gaming.</b> Complete if the organization				85,779. ported more than
		\$15,000 on Form 990-EZ, line 6a.				
RE>E2UE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue				
E	2	Cash prizes.	-			
EXPENSES	3	Noncash prizes				·
C S T E S	4	Rent/facility costs				
	5			Yes %	Yes %	
	6	Volunteer labor	Yes 8	No Yes	No Ses Tes	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary, Subtract lin	ne 7 from line 1, colum	n (d)		
	ls th	er the state(s) in which the organization come organization licensed to conduct gaming o,' explain:	activities in each of th	ese states?		
		e any of the organization's gaming licenses				

Schedule G (Form 990 or 990-EZ) 2016 TENNESSEE PARKS AND GREENWAYS FOUNDATION

Page 2

62-1557574

SCH	edule G (Form 990 of 990-EZ) 2016 TENNESSEE PARKS AND GREENWAYS FOUNDATION 62-155/5/4	Page 3
11	Does the organization conduct gaming activities with nonmembers?	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?	S No
13	Indicate the percentage of gaming activity conducted in:	
ā	a The organization's facility	%
ŀ	b An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address •	
ŀ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	es No
	Name ►	
	Address ►	i 
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ► \$	
	Description of services provided	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
	Mandatory distributions	
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	es No
ľ	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 ► \$	
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	;(v) i

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TENNESSEE PARKS AND GREENWAYS FOUNDATION

Employer identification number 62–1557574

Pai	t I Types of Property		5000		·			-
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth- noncash	<b>(d)</b> od of de contribu	termin	ing nounts
1	Art – Works of art							
2	Art – Historical treasures		787					
3	Art – Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles					-		
7	Boats and planes							
8	Intellectual property		3.30g					
9	Securities - Publicly traded		No. o Nome					
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests.							
12								
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate – Other							11 HOST - 10 1 -
18	Collectibles.							
19	Food inventory.						100 V-100	
20	Drugs and medical supplies		90,000					
21	Taxidermy		N 700 - 420 - 700					
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts.							
25	Other • (SPECIAL EVENT)		171	36,773.	FMV			
26	Other • ()							
27	Other • ()							
28	Other ► ( )		- 39					
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part IV, Done	uring the tax e Acknowled	year for contributions for gement	or which the	29			
							Yes	No
30a	During the year, did the organization receive by contri	bution any pr	operty reported in Part	I, lines 1 through 28, that		1000		
	it must hold for at least three years from the date							
	for exempt purposes for the entire holding period?	<b></b>				30 a		<u>X</u>
<b>b</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?								<u>X</u>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.						32 a		<u>X</u>
	If 'Yes,' describe in Part II.	200						
33	If the organization didn't report an amount in coludescribe in Part II.	mn (c) for a	type of property for w	hich column (a) is chec	ked,			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TENNESSEE PARKS AND GREENWAYS FOUNDATION

62-1557574

Employer identification number

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

JOHN NOEL AND MELINDA WELTON ARE MARRIED. MARY LYNN DOBSON AND ANN TIDWELL ARE SISTERS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE EXECUTIVE DIRECTOR, EXECUTIVE COMMITTEE AND THE FINANCE AND INVESTMENT COMMITTEE REVIEW AND APPROVE FORM 990 BEFORE DISTRIBUTION TO THE FULL BOARD OF DIRECTORS AND SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT PERSONS EMPLOYED BY THE TENNESSEE PARKS AND GREENWAYS FOUNDATION IN PART-TIME OR FULL-TIME CAPACITY, EXCEPT THOSE PERSONS IN NON-EXEMPT POSITIONS, WILL RECEIVE A SALARY NEGOTIATED AT THE TIME OF RECRUITMENT THAT WILL NOT BE BASED UPON AN HOURLY WAGE.

THE MAGNITUDE OF THE WORK ASSIGNMENTS AND THE FULL SCOPE AND RESPONSIBILITY OF THE POSITION WILL BE FULLY DISCLOSED AT THE TIME OF HIRE. IN SETTING COMPENSATION, THE TENNESSEE PARKS AND GREENWAYS FOUNDATION MAY CONSIDER, AMONG OTHER THINGS, EXTERNAL LABOR, MARKET RATES, EQUITABLE RELATIONSHIP WITH OTHER JOBS WITHIN THE ORGANIZATION, AND THE ORGANIZATION'S ABILITY TO PAY.

EACH EMPLOYEE MAY BE ELIGIBLE FOR A SALARY REVIEW AT THE BEGINNING OF EACH FISCAL YEAR. THE BOARD OF DIRECTORS WILL DETERMINE THE EXECUTIVE DIRECTOR'S SALARY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE EXECUTIVE DIRECTOR REVIEWS EACH EMPLOYEES' COMPENSATION AND THE BOARD OF

DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION.

Employer identification number 62–1557574

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE TENNESSEE PARKS AND GREENWAYS FOUNDATION 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 PRACTICES MANUAL IS AVAILABLE FOR DOWNLOAD ON OUR WEBSITE. IN ADDITION, OUR PROFILE ON GIVINGMATTERS.COM AND GUIDSTAR.ORG WEBSITES INCLUDES FINANCIAL STATEMENTS. OUR GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE BY REQUEST.

2016	FEDERAL SUPPORTING DETAIL		PAGE 1
	TENNESSEE PARKS AND GREENWAYS FOUNDATION		62-1557574
BALANCE SH BUILDINGS BUILDING HE	EET  LD FOR INVESTMENT  TOTAL	\$ \$	32,000. 32,000.
BALANCE SH LAND BASIS LAND HELD F	EET OR INVESTMENTTOTAL	\$ \$	2,771,477. 2,771,477.