Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning , 2006, and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific instructions.

C
TENNESSEE PARKS AND GREENWAYS FOUNDATION
1205-A LINDEN AVE.
NASHVILLE, TN 37212

D Employer Identification Number
62-1557574

E Telephone number
615-386-3171

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ►

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

G Web site: ► WWW.TENNGREEN.ORG

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes ☐ No
(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

J Organization type (check only one) ► ☒ 501(c) 3 ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ► ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ►

M Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 1,110,950.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

REVENUE	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a	993,504.	
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash $ 313,680. noncash $ 679,824.)			1e 993,504.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 16,457.
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ►)			7

		(A) Securities		(B) Other	
8a	Gross amount from sales of assets other than inventory	3,478.	8a	97,511.	
b	Less: cost or other basis and sales expenses	2,092.	8b	131,596.	
c	Gain or (loss) (attach schedule) STATEMENT 1	1,386.	8c	-34,085.	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)				8d -32,699.
9	Special events and activities (attach schedule). If any amount is from gaming, check here ► ☐				
a	Gross revenue (not including $ of contributions reported on line 1b)		9a		
b	Less: direct expenses other than fundraising expenses		9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a				9c
10a	Gross sales of inventory, less returns and allowances		10a		
b	Less: cost of goods sold		10b		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c
11	Other revenue (from Part VII, line 103)				11
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12 977,262.
EXPENSES 13	Program services (from line 44, column (B))				13 790,502.
14	Management and general (from line 44, column (C))				14 53,806.
15	Fundraising (from line 44, column (D))				15
16	Payments to affiliates (attach schedule)				16
17	Total expenses. Add lines 16 and 44, column (A)				17 844,308.
NET ASSETS 18	Excess or (deficit) for the year. Subtract line 17 from line 12				18 132,954.
19	Net assets or fund balances at beginning of year (from line 73, column (A))				19 1,074,050.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2				20 1,804.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21 1,208,808.

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► PROTECT/CONSERVE TN SCENIC BEAUTY

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

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

a TO PRESERVE TN SCENIC BEAUTY BY CREATING AN INTERCONNECTED SYSTEM OF PARKS, GREENWAYS, AND WILDLIFE AREAS.

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐ 790,502.

b

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐

e Other program services

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► 790,502.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	979,066.
b	Amounts included on line a but not on Part I, line 12:				
	1 Net unrealized gains on investments	b1	1,804.		
	2 Donated services and use of facilities	b2			
	3 Recoveries of prior year grants	b3			
	4 Other (specify):	b4			
	Add lines b1 through b4			b	1,804.
c	Subtract line b from line a			c	977,262.
d	Amounts included on Part I, line 12, but not on line a:				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12). Add lines c and d			e	977,262.

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

a	Total expenses and losses per audited financial statements			a	844,308.
b	Amounts included on line a but not on Part I, line 17:				
	1 Donated services and use of facilities	b1			
	2 Prior year adjustments reported on Part I, line 20	b2			
	3 Losses reported on Part I, line 20	b3			
	4 Other (specify):	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	844,308.
d	Amounts included on Part I, line 17, but not on line a:				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17). Add lines c and d			e	844,308.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHED LIST 1205-A LINDEN AVENUE NASHVILLE, TN 37212	0	0.	0.	0.
MS. KATHLEEN WILLIAMS 1205-A LINDEN AVENUE NASHVILLE, TN 37212	PRESIDENT 0	43,537.	2,657.	0.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

2006

Name of the organization

TENNESSEE PARKS AND GREENWAYS FOUNDATION

Employer identification number

62-1557574

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ►	0			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ►	0	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ►	0	

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ►

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ►					0.

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

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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

TENNESSEE PARKS AND GREENWAYS FOUNDATION 62-1557574

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE:	3,478.
COST OR OTHER BASIS:	2,092.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES $ 1,386.

OTHER ASSETS

DESCRIPTION:	LAND
DATE ACQUIRED:	VARIOUS
HOW ACQUIRED:	PURCHASE
DATE SOLD:	6/27/2006
TO WHOM SOLD:	
GROSS SALES PRICE:	97,511.
COST OR OTHER BASIS:	131,596.
GAIN (LOSS)	-34,085.

TOTAL GAIN (LOSS) OTHER ASSETS $ -34,085.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES $ -32,699.

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAINS ON INVESTMENTS	$ 1,804.
TOTAL	$ 1,804.

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ANNUAL REPORT/NEWSLETTER	1,641.	1,641.		
BOARD MEETING EXPENSE	630.		630.	
COMMISSION AND FEES	834.		834.	
COPIES AND FAXES	511.	409.	102.	
FUNDRAISING	6,085.	6,085.		
INSURANCE	25,512.	20,410.	5,102.	
LAND DONATION TO STATE	450,000.	450,000.		
LAND PROTECTION	7,990.	7,990.		
LICENSES AND FEES	1,239.	496.	743.	
MEMBERSHIPS	1,916.	1,916.		
MS RIVER	83,771.	83,771.		
PROPERTY INSURANCE	71.	71.		
PROPERTY TAX	368.	368.		
SPC	791.	791.		