Form **990**

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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

<u> </u>	For the	2009 cal		ear, or tax ye	ear beginni	ing			, ;	and er	nding						
В	Check if app	plicable	Please use IRS	C Name of	organization	Tenne	ssee Parks an	d Gree	nways	Found	dation	DΕ	mployer	identifica	tion num	ber	
	Address c	hange	label or	Doing Bu	isiness As							62-1	557574				
ī	Name cha	ange	print or	Number	and street (or	PO box if ma	il is not delivered to	street ac	dress)	Ro	om/suite	_	elephone				
Ħ	Initial retu	ırn	type See	1205-A Lii						1		l .	15-386-3171				
=	Terminate		Specific			country, and ZIF	2 + 4					013-	300-31	'-'			
=	Amended		Instruc- tions	Nashville	wii, state or t	Journay, and Zir	TI	NI .	372	242		6 6	ross rece	unto E		0	4E 224
=									312	114							45,324
	Applicatio	n pending			•	ıncıpal officer					H(a) Is t	this a g	roup retu	m for affili	ates?	Yes	X No
			Ms Kat	thleen Willi	ams 1205	-A Linden A	venue, Nashv	ille, TN	37212	<u> </u>	H(b) Are	e all aff	filiates inc	luded?		Yes[No
Ι.	Tax-exen	npt status	X 50	01(c) (3) ◄ (ins	sert no)	4947(a)(1) c	or 🗀	527		lf"	'No," a	ttach a lis	t (see ins	structions)	•	
.1. 1	Website	: ▶ ww	_=			······································					H(c) Gr	011D 6Y	emption r	number •	•		
					T [7			Τ								
		rganization	_=	orporation	Trust	Association	Other ▶			L fear	of forma	ition	1997	M Sta	ate of lega	1 domicile	<u>TN</u>
ŀ	Part I		mmary		 _										 -		
	1						st significant a	activities	s: <u>Th</u> e	e orga	nizatio	u's bi	rimary r	nission	is to pre	seive s	ind
a		support	parks, g	<u> Įreenways</u>	and open	spaces in T	ennessee										
Ě														-			
Ē														-			
Activities & Governance	2	Check t	hıs box	▶ if th	he organız	ation discor	ntinued its ope	rations	or disp	osed	of more	e thar	n 25% d	of its ne	t assets	i.	
ಿಕ	3	Number	of votin	ig members	s of the go	verning boo	dy (Part VI, line	e 1a) .						3			23
es	4	Number	of inde	pendent vo	ting memb	bers of the g	overning body	(Part \	/I, line	1b) .				4			22
Ξ	5	Total nu	ımber of	f employee:	s (Part V,	line 2a) .				•				5			7
Ą	6	Total nu	ımber of	f volunteers	s (estimate	e if necessa	ry)							6			50
	7a						rt /VIII, polan n	(C), tin	e 12 1.					7a			0
	b						m 999 F Fine		_ / . .					7b			0
									S			Prìo	r Year		Cu	rrent Yea	r
Revenue	8	Contribi	utions ar	nd grants (f	Part VIII, li	ine 1h)	-AUG 1 9	2010 -	löl				1,56	2,900		5	41,790
	9	Progran	n service	e revenue (Part VIII, I	line 2g)		2010	\dol_{ }					0			0
Š	10						3_4, and 7d)		ואן.				-70	9,791			50,282
å	11						APPICE BB.	nd liTe	51					o			0
	12						nt VIII, column (85	3,109		5	92,072
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)										0			0			
	14				•		n (À), line 4).							0			0
	15				-		s (Part IX, colu	ımn (A)	lines	5–10)			23	8,068			51,471
ses	16a			•		•	A), line 11e)	(- 1)	,	,				0			07,17
Expenses	b			_	•		, line 25) ▶	•	1	0,183	, <u>;</u> ,	4. 338	Still of a			\$47. · ·	1. 3234
X	17						11d, 11f–24f)			9,,99	\ 	47.0		7,038	****		30,098
	18		-	•			art IX, column		25)					5,106			81,569
	19					ne 18 from li		(/ 1), 11110	. 20, .					8,003			10,503
		reveno	<u>C 1033 C</u>	Aperioco. C	Jubil dot III	ic to itolitii	110 12.	•	<u> </u>		Begin	nina o	f Current		Eı	nd of Year	
şţ	20	Total as	sets (Pa	art X, line 1	6)							9 0		7,266			200,531
Assets	21		•	(Part X, line	•	• •			• •				1,70	0			1,710
Net	E 22		•	•		 ct line 21 fro	om line 20	•			 	,,	1 73	7,266		2 1	98,821
	art II			Block	30 000110	01 1110 21 110	<u> </u>	-					1,10	1,200		 , ·	00,021
\	aitii				teclare that I	have examined	this return, includi	ng accom	panying	schedul	les and s	tateme	nts and t	o the bes	t of my kn	owledge	
S							f preparer (other th										
<i>→</i>			1/	1 -AA-		`	٦.										
			_ K (rinuo	ーロ	100-							L	_	8/16/20	10	
	gn		Signature	e of officer						_			Date				
	ere		Kathlee	en Williams	S					Execu	utive Di	irecto	r and P	resider	nt		
	id eparer'			orint name and													
Z		Prep	arer's	1/2/0	. 1	7 7	MIDA	Date			heck if					ying numb	er
Pa	id	sign	ature	Valle	wer	1 00/1	70en (47h		410040		elf-		×X	(see inst	ructions)		
Pr	eparer'	s	'e name (a	1 - 000		1774		8/1	<u>4/2010</u>	eı	mployed	T	<u>- 121</u>	ــــــــــــــــــــــــــــــــــــــ			
ij	e Only		's name (o If-employe	ed),		mp Dreier,						EIN		·			
			ess, and Z	<u> ZIP + 4 </u>	106 Sprin	g Street, Su	ite 101, Ashlai	nd City,	TN 37	015		Phor	ne no 🕨	(615)	792-176	36	
Ma	ay the IF	RS discu	ss this re	eturn with t	he prepar	er shown at	oove? (see ins	truction	s) .							Yes	X No
_	<u> </u>						separate instru										(2009)
		,				,											_ (_000)

	Total program service expenses ▶	0		
		grants of \$ 0) (F	Revenue \$ 0)	
4d	Other program services. (Describe in Schedu	ule O.)		
	•••••			• • • • • • • • • • • • • • • • • • • •

4C	(Code) (Expenses \$	0 including grants of \$	U) (Revenue \$	<u>()</u>
46	(Codo: \/F	O including	0 \ (D	

			:	
	, (————————————————————————————————————			
4b	(Code) (Expenses \$	0 including grants of \$	0) (Revenue \$	0)
	To preserve Tennessee scenic beauty by cre	ating an interconnected system of	parks, greenways and wildlife ar	eas.
4a	(Code) (Expenses \$	0 including grants of \$	402,369) (Revenue \$	0)
	· · · · · · · · · · · · · · · · · · ·			
	allocations to others, the total expenses, and	revenue, if any, for each program	service reported	granto ana
•	Section 501(c)(3) and 501(c)(4) organizations	s and section 4947(a)(1) trusts are	required to report the amount of	grants and
4	Describe the exempt purpose achievements		largest program services by ever	enses
	services? If "Yes," describe these changes on Schedule			Yes X No
3	Did the organization cease conducting, or ma	ake significant changes in how it co	nducts, any program	الكار.
2	If "Yes," describe these new services on Sch			
	the prior Form 990 or 990-EZ?			Yes X No
2	Did the organization undertake any significan			_
	opportunities and create sustainable commun	-141		
	beautiful places in Tennessee in order to pro-	tect wildlife, improve water and air	quality, provide close-to-home rec	creation
	The mission of this organization is to identify,	preserve and protect the ecological	ally-rich, historically-significant an	d incredibly
1	Briefly describe the organization's mission			·
	Statement of Flogram Service			

Part	Checklist of Required Schedules			age o
			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?	2	Х	·
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		ļļ	
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable	11	Х	land in the
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			15.2
_	Schedule D, Part VI		33	
•	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.		287	
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		4	
•	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? If "Yes," complete Schedule D, Part X.	e, dise.	ir si	
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			7.3
	Schedule D, Parts XI, XII, and XIII.	12	Х	E. marentiiliteni
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			7.
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Х
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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	Χ
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	17	<u> </u>	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			١.,
20	If "Yes," complete Schedule G, Part III	19	 	<u>X</u>
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	Χ

Form 990 (2009) Tennessee Parks and Greenways Foundation Part IV Checklist of Required Schedules (continued)

			Yes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " complete Satisfaction of Bod IX. column (A) line 42.16 "Yes " column (A) line 42.16 " col			v
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	,,		v
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			_^_
274	\$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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual?	Ì		
	If "Yes," complete Schedule L, Part III	27	26	<u> </u>
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).	200000000	700 me	لشنينا
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
-	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			1
	Part IV.	28c		<u>x</u>
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	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			1
	If "Yes," complete Schedule N, Part II	32	-	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		١.,
	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, Parts II,	1	1	
25	III, IV, and V, line 1	34	╁	<u>X</u>
35	Schedule R, Part V, line 2	35	ł	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35	\vdash	├^
J0	organization? If "Yes," complete Schedule R, Part V, line 2	36	}	×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	t	 ^
٠.	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 11 and		T -	1
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	1
			_	(2009)

						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns Enter -0- if not applicable	1a		_3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			į		
С	Did the organization comply with backup withholding rules for reportable payments to vendors a	ınd rep	ortable	j.			L
_	gaming (gambling) winnings to prize winners?	٠.,		· _	1c	<u> </u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_ 1					
	Statements, filed for the calendar year ending with or within the year covered by this return .	2a		_ 7		-	
b	If at least one is reported on line 2a, did the organization file all required federal employment ta		is?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return instructions)	. (see		ļ	l l		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year of	overed	hv				
Ja	this return?	overed	Бу		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		•	Ė	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or	other a	uthority	<u> </u>			
	over, a financial account in a foreign country (such as a bank account, securities account, or ot		•				
	account)?				4a		Х
b	If "Yes," enter the name of the foreign country ▶						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fo	reign B	ank				
	and Financial Accounts.			,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye			.	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to			·	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regar	ding	1	- -		
6-	Prohibited Tax Shelter Transaction?	 اطأمالما			5c		X
6a	organization solicit any contributions that were not tax deductible?	ala trie	3	-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such con-	Iributior	 ns.or	 	Va	 	 ^
	gifts were not tax deductible?			.	6b		
7	Organizations that may receive deductible contributions under section 170(c).			Ī			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	ly for g	oods			20.0	
	and services provided to the payor?			. [7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .			. L	7b	<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	h it was	S	1			
	required to file Form 8282?				7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			or.	11	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums	on a pe	ersonal	l	_	أحيا	
	benefit contract?			·	<u>7e</u> 7f	├	├
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit For all contributions of qualified intellectual property, did the organization file Form 8899 as req			·	7g	 	
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form			· -	<u>/y</u>	 	
"	required?				7h	l	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppo	rtina		Ī			
	organizations. Did the supporting organization, or a donor advised fund maintained by a spon	_					
	organization, have excess business holdings at any time during the year?			. [8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?			.	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person? .			.	9b		
10	Section 501(c)(7) organizations. Enter	1 1					
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:	445					
a h	Gross income from members or shareholders	11a					
b	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		1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ĺ			

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.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent		1	Ì
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	\dashv	<u>X</u>
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		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .	4	-	<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		_X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	. .		V
b	of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b	-	XX
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	76		^
•	the year by the following			
а	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	- 02		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	ļ	<u> </u>
11A	, , , , , , , , , , , , , , , , , , ,			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401	.,	t
_	rise to conflicts?	12b	<u> X</u>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	420		
42	Done the association have a control which believes relian.	12c 13	X	
13 14		14	x	<u> </u>
15	Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14	-	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	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," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1. 1
	the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► Kathleen Williams 615-386-317	71		
	1205-A Linden Avenue, Nashville, TN 37212			

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compe	ensate any curre	ent off	ice	r, d	irec	tor, o	r trı	ustee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		_	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Ms_Kathleen Williams President	30.			X				59,703	0	
See attached list	0							0		(
	,									
	,									

	(A) Name and title	(B)			•	C)			(D)	(E)	(F)		
	Name and title	Average hours per week	or director		(checi Officer	a Key employee	Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatio from relatec organization (W-2/1099-Mis	on d s	Estima amoun othe compens from to organiza and rela organiza	it of ir sation he ation ated
		·											
		·											
1b	Total		. .	' 	- .	1		. ▶	59,703		0		
2	Total number of individuals (including but ne reportable compensation from the organiza		se lis	ted a	abov 0	e) w	ho re	ceiv	ed more than \$1	100,000 in			
3	Did the organization list any former officer,			•	•	•	•	•	•	i		Yes	No
4	employee on line 1a? If "Yes," complete Sc For any individual listed on line 1a, is the su										3	+	×
•	the organization and related organizations of individual										4		X
5	Did any person listed on line 1a receive or a	•				•			•				
Sac	services rendered to the organization? If "Y	es, complete s	scried	iuie	J IOI	Suc	n per	SON	<u> </u>	· · · · · · · · · · · · · · · · · · ·	5		X
1	Complete this table for your five highest concompensation from the organization	mpensated inde	pend	lent	cont	racto	ors th	at re	eceived more that	an \$100,000	of		
	(A) Name and business	address					-		(B) Description of ser	vices	Comp	(C) pensation	 -
								<u> </u>					
			-					 					
					•			+					
2	Total number of independent contractors (in more than \$100,000 in compensation from				o tho	se li	sted		ve) who received	1			

Part	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a	0				
Contributions, gifts, grants and other similar amounts		Membership dues		 -				
말 음 l		Fundraising events						
Tall I	_		_	· · · · · · · · · · · · · · · · · · ·				
g i	d		10					
Sir	e	Government grants (contributions)	<u>16</u>					
iğ e	T	All other contributions, gifts, grants,						.
등 등		similar amounts not included above	 -	541,790				
5 2	g	Noncash contributions included in li	nes 1a-1f \$	0				1
O B	<u>h</u> _	Total. Add lines 1a–1f		<u>, , </u>	541,790			
e E				Business Code		·		
Ven	2a				0			
æ	b				0			
2	С				0			
Sen	d				0			
Ē	е				0			
Program Service Revenue	f	All other program service revenue .			0		<u> </u>	
Pre	q			. <u> </u>	0			
	3	Investment income (including divide					**************************************	
		other similar amounts)		▶	14,355		1	
	4	Income from investment of tax-exer	npt bond proce	eds >	0			
	5	Royalties		•	0			
		·	(ı) Real	(II) Personal	23		5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	6a	Gross Rents						
i	b	Less rental expenses		1				
	c	Rental income or (loss)		0 0				
	d	Net rental income or (loss)	.,	•	0	<u> </u>		
	7a	Gross amount from sales of	(i) Securities	(II) Other	200 80% 70%	222	899 -CAC	
	, a	assets other than inventory	18,88	···				
	L	Less cost or other basis	10,00	370,293			· 数数 分 / 分 /	
	b		40.04	5 224 227			The State of	\$ 1 m
		and sales expenses	19,24		1 2 W	2.0	5 122 5	
	C	Gain or (loss)	-36				<u> </u>	
	d			. _[35,927	-	ļ	
ø	8a	Gross income from fundraising			^	· ,		1
5		events (not including \$	<u> </u>				}	
Š.		of contributions reported on line 1c)		\	<u> </u>			
~		See Part IV, line 18	a	0	1			
Jer	b	Less: direct expenses	b	0				
Other Revenue	С	Net income or (loss) from fundraisir	ng events	<u></u>	0			
_	9a	Gross income from gaming activitie			ŀ			
		See Part IV, line 19	a	0		į		
	b	Less: direct expenses	b	· [o				
	С	Net income or (loss) from gaming a	ctivities		0			
	10a	Gross sales of inventory, less						
		returns and allowances	a		,		}	
	b	Less: cost of goods sold			1		1	
		Net income or (loss) from sales of i		•	0		\ <u></u>	·
	Ť	Miscellaneous Revenue		Business Code				
	11a	Minosia i Coverido		1	1			
	b				0	 		· · · · ·
	,			ļ -	0	 	1	
	٦,	All other revenue			0	 	 	
	Ĭ			, >	1 0	†		
	12	Total revenue. See instructions			592 072		1	

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) but are not rec	uirea to complete	columns (B), (C), a	na (D).
	not include amounts reported on lines 6b, 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 governments and		5,000		
•	organizations in the U.S. See Part IV, line 21	o			
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	ol			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
		ام			
4	_,	0			
4	·	U			
5	Compensation of current officers, directors,				
•	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	222,399		33,360	
7	Other salaries and wages	0		- 	
8	Pension plan contributions (include section 401(k)		H.	}	
	and section 403(b) employer contributions)	12,059	10,250	1,809	
9	Other employee benefits	0			
10	Payroll taxes	17,013	11,909	5,104	
11	Fees for services (non-employees).				
а	Management	0			
b	Legal	0			
С	Accounting	7,500		7,500	
d	Lobbying	0			<u> </u>
е	Professional fundraising services See Part IV, line 17	0	4.2 4	**	
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	12,774		1,166	
14	Information technology	0		7,199	
15	Royalties	0			
16	Occupancy	8,448		1,098	
17	Travel	6,527		326	
18	Payments of travel or entertainment expenses	0,021	0,201	020	
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20		0			
-					
21	Payments to affiliates	0		4.050	
22	Depreciation, depletion, and amortization	4,519		1,356	0
23	Insurance	31,257	23,897	7,360	
24	Other expenses. Itemize expenses not			d trib	
	covered above (Expenses grouped together				* *
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				<u> </u>
а	Telephone	4,327		216	
b	Printing and reproduction	3,960			
С	Repairs and maintenance	1,000			
d	Annual report/Newsletter	2,103	1,893		
е	See attached schedule	147,683	128,603	8,897	10,183
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	481,569	402,369	69,017	10,183
26	Joint costs. Check here ▶ if following				
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
		1			
	educational campaign and fundraising	1			
	solicitation	1	<u></u>		

Balance Sheet Part X (A) (B) Beginning of year End of year 1 67.906 1 263,299 2 Savings and temporary cash investments . 794,344 2 1,016,083 3 Pledges and grants receivable, net . 29,300 3 77,850 Accounts receivable, net ol 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete O 6 7 Notes and loans receivable, net . ol 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 795,660 **b** Less accumulated depreciation. 10b 800,179 10c 11 Investments—publicly traded securities 11 0 ol 12 12 Investments—other securities See Part IV, line 11. 0 13 Investments—program-related See Part IV, line 11 ol 13 0 14 Intangible assets ol 14 15 Other assets See Part IV, line 11 . . . 45,537 15 47,639 Total assets. Add lines 1 through 15 (must equal line 34) 1,737,266 2,200,531 16 16 17 Accounts payable and accrued expenses 17 1,710 18 Grants payable. 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 -iabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 0 23 Secured mortgages and notes payable to unrelated third parties . 0 23 0 O 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 25 Other liabilities Complete Part X of Schedule D. Ol 25 0 Total liabilities. Add lines 17 through 25. . 0 26 26 1.710 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . 1,122,392 27 Temporarily restricted net assets . . . 930,674 28 28 923,789 32,000 29 32,000 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds. 31 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds 32 33 2,085,066 33 2,198,821 Total liabilities and net assets/fund balances 2,085,066 34 2,200,531 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.

Form **990** (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009
Open to Public Inspection

	e organization							Employer	identificati	on numbe	r	
		Greenways Four	41-1-	62-1557574								
Part I			arity Status (All orgation because it is (Fo						struction	ns		
1 Gal			ches, or association o) .			
2 🖂			n 170(b)(1)(A)(ii). (At					- A · A · M'	,-			
3 🔲			ospital service organia		•	section '	170(b)(1)((A)(iii).				
4 🗀	A medical re		ition operated in conju						(b)(1)(A)	(iii). Ent	er the	
5 🗌			the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental ur	nit descr	ibed	
6 🗌	A federal, sta	ate, or local gove	ernment or governmer	ntal unit d	escribed i	n section	170(b)(1	I)(A)(v).				
7 X			y receives a substanti (1)(A)(vi). (Complete F		its suppor	t from a g	jovernme	ntal unit o	r from the	e genera	al publi	С
8 🗌	A community	trust described	I in section 170(b)(1)((A)(vi). (C	omplete F	Part II.)						
9 🗌	receipts from support from	n activities relate gross investme	y receives. (1) more the doto its exempt function its exempt function in the income and unrelated after June 30, 1975.	ons—subj ted busine	ect to cer	taın excej e income	otions, an (less sec	d (2) no nation 511 t	nore thar	33 1/3	% of its	
10 🔲	An organizat	ion organized a	nd operated exclusive	ly to test	for public	safety. Se	ee sectio	n 509(a)(4).			
11	purposes of 509(a)(3). Cha Type By checking persons other	one or more put heck the box tha l b this box, I certife than foundation	nd operated exclusive blicly supported organ at describes the type o Type II c y that the organization on managers and othe	izations d of supporti Type or is not co	lescribed ing organi e III–Fund ntrolled d	in section zation an ctionally in irectly or i	509(a)(1) d complet ntegrated indirectly) or section te lines 1° by one or	on 509(a) le throug d	(2) Seeth 11h. Type III- qualifie	section -Other	
f		section 509(a)(2 zation received a	2). a written determınatior	n from the	IRS that	ıt ıs a Typ	e I, Type	II, or Typ	e III supp	orting		
g	organization	, check this box										
	following per											
		•	or indirectly controls,		_		persons o	described	ın (ıi)	44-(3)	Yes	No
	•		verning body of the su person described in (i)		-	on <i>e.</i> .		<i>.</i>		11g(i) 11g(ii)		
	(iii) A 35%	controlled entit	y of a person describe	ed in (i) or	(ii) above	?		·		11g(iii)		
<u>h</u>	Provide the f	following informa	ation about the suppor									
	ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S?		Amount support	of
				Yes	No	Yes	No	Yes	No	<u> </u>		
												^
				ļ	 	 	 		 -	 	_	0
												0
							<u> </u>		_			0
									-	ļ		0
										1		0
Total									<u></u>			0

18

Tennessee Parks and Greenways Foundation Page 2 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 457,537 1,562,900 541,790 999.678 1,248,392 4,810,297 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . 0 Total. Add lines 1 through 3. 457,537 999,678 1,248,392 1,562,900 541,790 4,810,297 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) . Public support. Subtract line 5 from line 4 4,810,297 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 457,537 999,678 1,248,392 1,562,900 541,790 4,810,297 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 7,290 sources 16.457 10,813 33,707 14,355 82,622 Net income from unrelated business activities, whether or not the business is regularly carried on . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10. 4,892,919 12 Gross receipts from related activities, etc (see instructions) . . . 12 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 2009 (line 6, column (f) divided by line 11, column (f)) 98.31% Public support percentage from 2008 Schedule A, Part II, line 14. 15 15 98 48% 16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2008. 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 . 10%-facts-and-circumstances test-2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .

10%-facts-and-circumstances test-2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

20

62-1557574 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 0 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 0 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 5 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. 0 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 0 Add lines 7a and 7b. 0 Public support (Subtract line 7c from lıne 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (d) 2008 (f) Total Amounts from line 6. 0 0 0 0 0 0 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 0 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . 0 Add lines 10a and 10b. 0 0 0 0 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on . . . 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) 0 0 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) 14 organization, check this box and stop here . . . Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 15 0 00% 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 0 00% Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 0 00% 18 Investment income percentage from 2008 Schedule A, Part III, line 17. 18 0.00% 33 1/3% support tests-2009. 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-2008. 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

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

Schedule A (Form 9	990 or 990-EZ) 2009	Tennessee F	arks and Green	ways Foundati	on		62-1557574	Page 4
Part IV	Supplemental	Information.	Complete this	part to provid	le the explanation	ons required	by Part II, line	10;
	Part II, line 17a	or 17b, and F	Part III. line 12	Provide any o	other additional	information	See instruction	าร
	<u></u>	<u> </u>						
			• • • • • • • • • • • • • • • • • • • •					
					,			
				• • • • • • • • • • • • • • • • • • • •				
					••••			
							 	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

Tenne	essee Parks and Greenways Foundation	62-1557574
Part		ds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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	
	funds are 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 f	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	purpose conferring impermissible private benefit?	
Part	Conservation Easements. Complete if the organization answered "Yes" to	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 pleasure) X Preservation of	an historically important land area
	X Protection of natural habitat Preservation of	a certified historic structure
	X Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a 21
b	Total acreage restricted by conservation easements	2b 3,413.50
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 8/17/06	2d 12
3	Number of conservation easements modified, transferred, released, extinguished, or term	inated by the organization
	during the tax year	
4	Number of states where property subject to conservation easement is located	2.
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	
	violations, and enforcement of the conservation easements it holds?	X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e	easements during the year
-	156.78	manta during the war
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	nents during the year
0	► \$5,419 Does each conservation easement reported on line 2(d) above satisfy the requirements of	faction
8	470/1/40/0/1	X Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's final	•
	the organization's accounting for conservation easements	ricial statements that describes
Pari		imilar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116, not to report in its revenue stat	ement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or res	
	service, provide, in Part XIV, the text of the footnote to its financial statements that descri	bes these items.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement	
	historical treasures, or other similar assets held for public exhibition, education, or resear	ch in furtherance of public
	service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	· · · · • • • • • • • • • • • • • • • •
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar asset	ts for financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	▶ ¢
a	Revenues included in Form 990, Part VIII, line 1	
b_	Assets included in Form 990, Part X	• \$

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	785,532		785,532
b	Buildings	0	0	0	0
С	Leasehold improvements	0	0	o	0
d	Equipment	0	33,375	23,247	10,128
е	Other	0	0	0	0
Tota	1. Add lines 1a through 1e (Column (d) mi	ust equal Form 990, Pa	art X, column (B), line	e 10(c)) ▶	795,660

Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12	
(á	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial de	erivatives	. 0		
Closely-held	d equity interests			
Other		0		
		0		
		0		
		0		
		0		
		0		
	• • • • • • • • • • • • • • • • • • • •	0		
	•	0		
		0		
Total (Column (t	n) must equal Form 990, Part X, col (B) line 12)	0		· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments—Program Relate	d. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu	
		0		
		0		
		0		
		0		
		0		
		0		<u> </u>
		0		
		0	** *** *** *** *** *** *** *** *** ***	
Tatal (Column (p) must equal Form 990, Part X, col (B) line 13)	0	Carry Co. C. Commune Co. C.	\$250 \$1.00 \tag{\$2.00 \tag{\$1.00 \tag{\$2.00 \tag{\$2.000 \tag{\$2.0000 \tag{\$2.00000 \tag{\$2.00000 \tag{\$2.00000 \tag{\$2.00000 \tag{\$2.00000 \tag{\$2.00000 \tag{\$2.0
Part IX	o) must equal Form 990, Part X, col. (B) line 13) Other Assets. See Form 990, F	l 0		
Taltin		a) Description		(b) Book value
Beneficial in	nterest in perpetual trust	· <u>·</u>		47,114
Deposits				525
				0
				0
				0
				0
	· · · · · · · · · · · · · · · · · · ·			0
				0
				0
Tatal (Cali	imm (h) must squal Farm 000 Port V	ant (D) line 45)		0
Part X	umn (b) must equal Form 990, Part X, Other Liabilities. See Form 990		 	47,639
1.	(a) Description of liability	(b) Amount		· · · · · · · · · · · · · · · · · · ·
Federal inc		(b) Amount	0	
1 ederal inc	one taxes		<u> </u>	
			<u> </u>	
			ō	}
			0	Ì
			0	
			0	
			0	
	· · · · · · · · · · · · · · · · · · ·		_0	-
			0	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1	0	

	le D (Form 990) 2009					Page 4
Part					temen	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•		1	ļ	592,072
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		481,569
3	Excess or (deficit) for the year. Subtract line 2 from line 1.			3	├ ─-	110,503
4	Net unrealized gains (losses) on investments			4	├ ──	3,252
5	Donated services and use of facilities			5	—	
6	Investment expenses			6	1	
7	Prior period adjustments	٠		7	 	
8	Other (Describe in Part XIV.)			8		
9	, , , , , , , , , , , , , , , , , , , ,			9	╁┈─	3,252
10 Pari	Excess or (deficit) for the year per audited financial statements. Combine I XII Reconciliation of Revenue per Audited Financial Statem			10	Potur	113,755
1	Total revenue, gains, and other support per audited financial statements.		vitti itevellue	Pei	1	595,324
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	•		Ę		000,027
a	Net unrealized gains on investments	2a	3.2	52		
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c	 	{\}		
d	Other (Describe in Part XIV.)	2d				
e	Add lines 2a through 2d				2e	3,252
3	Subtract line 2e from line 1			_ T	3	592,072
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			8		
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		9		
b	Other (Describe in Part XIV)	4b				
C	Add lines 4a and 4b				4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)			5	592,072
Par	XIII Reconciliation of Expenses per Audited Financial State		With Expens	es p	er Ret	
1	Total expenses and losses per audited financial statements	•		-	1	481,569
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		á		
а	Donated services and use of facilities	2a		;		
b	Prior year adjustments	2b		[
C	Other losses	2c		<u>—</u> [3		
d	Other (Describe in Part XIV.)	2d			1000	
е	Add lines 2a through 2d	•		⊢	2e	0
3	Subtract line 2e from line 1	1		-	3 	481,569
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		9		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b				
b	Other (Describe in Part XIV.)				40	0
С 5				F	4c 5	0 481,569
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information	e 10 j	<u> </u>			461,309
	plete this part to provide the descriptions required for Part II, lines 3, 5, and					
	2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and part to provide any additional information.	o Pan	AIII, lines 20 and	40	AISO CO	mpiete
ring l	alt to provide any additional information.					
Part	II, Line 9 Conservation easements are not reflected in the financial stateme	nts L	lowever they are	e foo	tnoted i	n our annual
1.911	IL LINE 3 CONSERVATION CASCINENTS are not renected in the initialicial statement	1113!	iowcyci, they are	2 100	inoicu i	
audit	as follows: "The organization is involved in receiving donations of conserva-	ation e	asements A qu	alifie	d conse	ervation
21111		155105	222222			
ease	ment is a restriction (that is granted in perpetuity) on the use of the land gra	anted t	o a qualified cha	ritab	le done	e
		•				
exclu	sively for conservation purposes. These financial statements do not reflec	t their	value but approx	ımat	ely 341	3.5 acres are
curre	ently protected with an appraised value of \$9,704,994					
_	Military A. The Commission of Development of the Commission of the	-204	0.000			
Part	V Line 4, The Foundation's Board of Directors adopted an endowment goal	ot \$10	y,uuu per easem	ent	property	at inception
of th	e program in 1999 This goal is evaluated with the acceptance of each eas	ement	on a case-by-oa	iga h	12 CIC C+	ewardehin
01 111	e program in 1999 This goal is evaluated with the acceptance of each eas	CHICHI	on a case-by-ca	13 C D		le D (Form 990) 2009
						1

Schedule D (Form	990) 2009 Page 5
Part XIV	Supplemental Information (continued)
goals for cont	quous properties or small acreage properties adjacent to road access are discounted 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 before the completion
of the transac	tion, the Foundation has a plan to secure these funds and has a policy committing the funds to this purpose.
The Foundation	on's conservation easements provide guidance for arbritration and violation enforcement. However, should legal
enforcement l	pe required, the full Board of Directors will approve the process and budget. Restricted accounts are established for
each easeme	nt and reflected on our monthly balance sheet and reported to the board. Note. Contribution to an endowment fund
is not required	from the easement donor. The land gift is the real gift to conservation and stewardship funding is sought from
general memi	pership or bequests
	•
	•••••••••••••••••••••••••••••••••••••••
	······
	······

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Inspection
Employer identification number

Name of the organization
Tennessee Parks and Greenways Foundation

62-1557574

Form 990 Part VI Section B Line 12 Our conflict, whether real or the appearance thereof, is avoided
or appropriately managed through disclosures, recusal or other means. This policy applies to
insiders, including board members, substantial contributors, parties related to aforementioned,
those who have an ability to influence decisions of the organization and those with access to
information not available to the general public. Federal and state conflict disclosure laws are
followed. The Foundation developed a Disclosure Statement which is signed by each Board member,
staff member, and volunteer acknowledging their understanding of the policy and making the
appropriate disclosures of affliations and associations to the President and Executive Director and
to the Chairman of the Board of Directors This is reviewed and updated annually or more frequently
as needed.
Form 990 Part VI Section B Line 15 Persons employed by the Tennessee Parks and Greenways Foundation
in a 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 of responsibility for the position will be
fully disclosed at 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 Section C Line 19 The Tennessee Parks and Greenways Foundation is committed to
operate in 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.org and Guidstar org websites includes financial
statements Our governing documents, policies and financial statements are also available by
request.

Supplemental Schedule Form 990, Part IX, Line 24(f) Other expenses

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
Board meeting expense	487		487	<u> </u>
Commission and fees	254		254	
Conferences and workshops	478	478		
Copies and faxes	2,943	2,560	383	
Ancient sites	200	200		
Gary Myers Fishing	1,932	1,932		
Forever Green	1,530	1,530		
Fundraising	10,183			10,183
Land Protection	38,052	38,052		
Licenses and fees	4,838		4,838	
Memberships	3,570	3,570	·	
Mississippi River	5,096	5,096		
Mound Bottom	10,437	10,437		
Property Tax	322	322		
SPC	394	394		
SPC Grants	8,275	8,275		
Temporary Staffing	52,876	52,876		
Utilities	2,881	2,881		
TOTAL	144,748	128,603	5,962	10,183

Tennessee Parks and Greenways Foundation Easement Monitoring Costs, 2009

Easement	Date of	Staff	Time On	Travel	Total	Total	Miles	Cost of	Other	Other	Total
	Travel	Member	Property	Time (r/t	Staff	Value (at	Traveled	Mileage at	Travel	Expenses	Expenses
			(hours)	total hours)	Time	hourly rate)	(round trip)	Established Rate	Expenses	(legal tees, etc.)	
Blackburn Fork	Dec-09	DN	3.00	3.25	6.25	125.00	178	97.90		_	222.90
Charles Russell Preserve	Sep-09	NB	5.50	4 50	10.00	168.50	229.72	126.35	-		294.85
Clear Fork/Crooked Creek (Russell)	Aug-09	NB	4.00	00.9	10.00	168.50	290	159.50	9.05		337.05
	Nov-09	DN	3.00	5.00	8.00	160.00	290	159.50			319.50
Clear Fork/Crooked Creek (Sonder)	Jul-09	NO	3 00	2 00	8.00	160.00	290	159.50			319.50
Clear Fork/Shoal Creek (Berg)	Aug-09	NB	2 00	2 50	4.50	112.50	123.42	67.88			180.38
Devilstep Hollow	May-09	RM	2.50	4.00	6.50	162.50	67	36.85	-	-	199.35
Hawkins Cove	Feb-09	RM	2.00	3 50	5.50	137.50	189	103.95	2.19		243.64
Heron Hill	Jan-09	Vol.		- 45	0.00			0.00			0.00
Kingstree Preserve	Aug-09	NB NB	2.75	1.00	3.75	63.19	55.89	30.74	4.70		98.63
Marys Creek	Oct-09	SW	1.75	3.25	5.00	129.65	297.14	163.43	86.18		379.26
		NB	1.75	3.75	5.50	92.68		00.0			92.68
Morgan Farm	Oct-09	SW	1.75	0.33	2.08	53.93	15	8.25			62.18
		NB	1.75	1.00	2.75	46.34	31	17.05		:	63.39
Neill Farm	Oct-09	NB	2.50	99.2	10.16	171.20	472.78	260 03	60.6	; ——— ; ;	440.32
Osborn Preserve	May-09	NB, vols	7.50	3.00	10.50	176.93	179.66	98.81	1.53		72.772
Potters Farm	Apr-09	RM	2.75	3.50	6.25	156.25	217	119.35	8.67		284.27
Ravens Den	Nov-09	RM	1.50	3.50	5.00	125.00	194	106.70	2.19		233.89
Ruleman	Oct-09	SW	3 50	4 00	7.50	194.48	245	134 75	18.32		347.55
		SB BB	3.50	4.09	7.59	127.81		0.00			127.81
Solomon Hollow Apiary	Aug-09	SB BB	3.50	5.30	8.80	148.28	314	172.70			320.98
Twin Creek Farms	Sep-10	NO	4.00	1.20	5.20	104.00		0.00			104.00
		SB BB	4.00	1.20	5.20	87.62	99	36.30			123.92
Vest Farm	Aug-09	NB	3.50	1 00	4.50	75.83	55.89	30.74			106.56
Wildwoods	Apr-09	NB	4.75	3.50	8.25	139.01	174	95.70	4.65		239.36
	-										
TOTALS			75.75	81.03	156.78	3,086.68	3,974.50	2,185.98	146.57	0.00	5,419.22

Ms. Mary Lynn Dobson	Board member,	-0-	-0-	-0-	(12)V East
209 Cove Point Road	As required				
Rockwood, TN 37854-5603					
Mr. Jim Emison	Board member,	-0-	-0-	-0-	(11)V West
P.O. Box 13	As required				
Alamo, TN 38001					
Secretary Tre Hargett	Board member,	-0-	-0-	-0-	(Ex-officio)V
Secretary of State	As required				
State Capitol, 1st Floor					
600 Charlotte Avenue					İ
Nashville, TN 37243-0235					
Mr. Brock Hill	Board member,	-0-	-0-	-0-	(12)V East
Cumberland County Mayor	As required				
2 North Main Street, Suite 203					
Crossville, TN 38555					
Mr. David Lillard, Jr.	Board member,	-0-	-0-	-0-	(Ex-officio)V
State Treasurer	As required				
1st Floor State Capitol Building					
600 Charlotte Avenue		,			
Nashville, TN 37243					
Mr. Scott May	Board member,	-0-	-0-	-0-	(12)V West
1850 Poplar Crest Cove, Suite 200	As required	-	·		
Memphis, TN 38119					
Director Gary Myers	Board member,	-0-	-0-	-0-	(11)V
1110 Twin Springs Drive	As required	Ĭ	V		(,-
Brentwood, TN 37027	in required				
Mr. Doyle Newburry	Board member,	-0-	-0-	-0-	(12)V East
1243 Blackhouse Mt. Road	As required	-0-	-0-	1	(12) 1 2431
Jamestown, TN 38556	1 is required				
Mr. John Noel III	Board member,	-0-	-0-	-0-	(12)V Mıddle
3810 Bedford Avenue, Suite 300	As required	-0-	-0-	-0-	(12) V ivildule
Nashville, TN 37215	713 required				
Mr. Marshall Peterson	Board member,	-0-	-0-	-0-	(10)V East
Holbrook & Peterson, PLLC	As required	-0-	-0-] -0-	(10) V Last
Tyson Place, Suite 150	As required				
2607 Kingston Pike					
Knoxville, TN 37919					
Mr. Robert Philp, Jr.	Board member,	-0-		 	(11)V Middle
Philp & Associates, PLLC		-0-	-0-	-0-	(11) v Middle
4803 Quail Hollow	As required				
Old Hickory, TN 37138				<u> </u>	(10)117
Mr. Sam Powell	Board member,	-0-	-0-	-0-	(10)V East
506 Brady Point	As required				
Signal Mountain, TN 37377	<u> </u>				
Mr. Mack Prichard	Board member,	-0-	-0-	-0-	(10)V Statewide
1828 River Drive	As required				
Nashville, TN 37218					
Ms. Elizabeth Queener	Board member,	-0-	-0-	-0-	(12)V Middle
6416 Brownlee Drive	As required				
Nashville, TN 37205					
Lt. Gov. Ron Ramsey	Board member,	-0-	-0-	-0-	(Ex-officio)V
State Senate	As required				1
1 Legislative Plaza					-
Nashville, TN 37243-0219					
Mr. Frank Ricks, AIA	Board member,	-0-	-0-	-0-	(11) V

Looney Ricks Kiss	As required				
175 Toyota Plaza, Suite 600					
Memphis, TN 38103					
Mr. Will Skelton	Board member,	-0-	-0-	-0-	(11)V East
4064 Kingston Park Drive	As required				
Knoxville, TN 37919					
Mr. Alan Sparkman	Board member,	-0-	-0-	-0-	(10)V Statewide
Tennessee Concrete Association	As required				
705 Ft. Negley Court					
Nashville, TN 37203-4811					
Ms. Ann Tidwell	Board member,	-0-	-0-	-0-	(12)V Middle
306 Mountainside Drive	As required				
Nashville, TN 37215			_		
Mr. Bob Tuke	Board member,	-0-	-0-	-0-	(10)V
Trauger & Tuke	As required				
The Southern Turf Building				1	
222 Fourth Avenue North	1				
Nashville, TN 37219-2117					
Ms. Kathleen Williams	Board member,	-0-	-0-	-0-	(11)V Statewide
TN Parks and Greenways Foundation	As required				
1205-A Linden Avenue					
Nashville, TN 37212					
Speaker Kent Williams	Board member,	-0-	-0-	-0-	(Ex-officio)V
TN House of Representatives	As required				
19 Legislative Plaza					
Nashville, TN 37243-0181					
Dr. Chuck Womack	Board member,	-0-	-0-	-0-	(11)V Mıddle
859 Loweland Road	As required				
Cookeville, TN 38501					

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