			EXTENDED TO MAY 15, 201		L OND N= 15 45 0047
	0	00	Return of Organization Exempt Fro	m Income Tax	OMB No, 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc	le (except private foundation	¹⁵⁾ 2016
Depa	rtment o	of the Treasury	Do not enter social security numbers on this form as it		Open to Public
		nue Service	Information about Form 990 and its instructions is at w TTTT 1 0 0 1 C	vww.irs.gov/form990.	Inspection
A F	or the	T		ng JUN 30, 2017	
B C	heck if oplicab	e: C Name of	organization	D Employer identifie	ation number
[Addre	SS GREE	NWAYS FOR NASHVILLE, INC.		
[]Name]chang		usiness as	62-1	570596
]Initial]return			n/suite E Telephone number	
	Final return		BOX 196340		862-8400
	termir ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	430,902.
]Amen]return	ded אדא כינד	VILLE, TN 37219-6340	H(a) Is this a group re	turn
	Applic	^{a-} F Name a	nd address of principal officer: AMY CROWNOVER	for subordinates	?
	pendi	^{ng} SAME	AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
IT	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)
JV	Vebsi	te:► ₩₩₩ .	GREENWAYSFORNASHVILLE.ORG	H(c) Group exemption	
KF	orm o	f organization:	X Corporation Trust Association Other ► I	L Year of formation: 1994 N	State of legal domicile: TN
Pa	rt I	Summary			
e	1	Briefly describ	e the organization's mission or most significant activities: TO RAIS	SE PUBLIC AWARE	NESS AND
Governance			SUPPORT FOR THE ACQUISITION AND DEV		
ern	2		x 🕨 🛄 if the organization discontinued its operations or disposed o		sets.
Sov	3		o o o o	3	26 26
& (4		lependent voting members of the governing body (Part VI, line 1b)		20
Activities &	5		of individuals employed in calendar year 2016 (Part V, line 2a)		150
tivi	6		of volunteers (estimate if necessary)		<u> </u>
Ac			d business revenue from Part VIII, column (C), line 12		0.
	<u>d</u>	Net unrelated	business taxable income from Form 990-T, line 34	Prior Year	Current Year
	0	Contributions	and grants (Part VIII line 1h)	216 577	342,513.
Revenue	8 9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	··· 0	0.
Iave	10	-	come (Part VIII, column (A), lines 3, 4, and 7d)		1,523.
Re	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,379.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200 201	349,415.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	01 606	52,534.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
ş			compensation, employee benefits (Part IX, column (A), lines 5-10)		111,509.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
xpe	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 16,070.	 Comparison of the state of the	<u> </u>
ш	17	•	es (Part IX, column (A), lines 11a-11d, 11f-24e)	000 050	54,733.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1 1 1 1 1 1 1	218,776.
	19	Revenue less	expenses. Subtract line 18 from line 12		130,639.
Net Assets or Fund Balances				Beginning of Current Year	End of Year 818,418.
sset 3ala	20	Total assets (I		495,371. 35,344.	227,752.
et A Ind I	21		(Part X, line 26)	460,027.	590,666.
		Net assets or Signature	fund balances. Subtract line 21 from line 20	400,027.	590,000.
	irt II		I declare that I have examined this return, including accompanying schedules and	etatements and to the hest of m	knowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which p		Knowledge and benef, it is
<u></u>	correc		. Declaration of preparer (other than onice) is based on all morniation of when p		
C:		Signature	e of officer	Date	
Sigr Her		-	CROWNOVER, EXECUTIVE DIRECTOR		
rier	8		print name and title	······································	
		Print/Type pre		Date Check	PTIN
Paid			· ARMSTRONG, CPA	A 02-22-2018 self-employe	P00499556
Prep		Firm's name	FAULKNER MACKIE & COCHRAN, P.C.	Firm's EIN	62-1517876
Use		Firm's address			
			NASHVILLE, TN 37203	Phone no. (6	15)292-3011
May	the I	RS discuss thi	s return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No
	01 11-		or Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2016) GREENWAYS FOR NASHVILLE, INC.	62-1570596	Page 2
	rt III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO CREATE, PRESERVE, AND PROMOTE A SYSTEM OF GREENWAY		
	AND DAVIDSON COUNTY.		
2	Did the organization undertake any significant program services during the year which were not listed on t prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?Yes	XNo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service	es as measured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.		
4a)
	PARKS DEPARTMENT AND THE GREENWAYS AND OPEN SPACE CON		
	LEVERAGING PUBLIC AND PRIVATE FUNDS TO BUILD TRAILS A		S
	AND PRESERVE LAND. IN ADDITION, GFN ADVOCATES FOR AN		
	CITIZENS ABOUT NASHVILLE'S GREENWAYS AND PROVIDES OPP		
	COMMUNITY INVOLVEMENT IN GREENWAY ENHANCEMENT AND DEV	/ELOPMENT.	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
		,	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe in Schedule O.)		
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 173,430.	/	

Form 990 (WAYS	
Part IV	Che	cklist	of	Required	Schedu	ıles

GREENWAYS FOR NASHVILLE, INC.

			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	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
لم	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
	complete Schedule G, Part III	13		~~

Form **990** (2016)

632004 11-11-16

990 (2016) GREENWAYS FOR NASHVILLE, INC. 62-157
990 (2016) GREENWAYS FOR NASHVILLE, INC. 62–157 t IV Checklist of Required Schedules (continued)
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
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 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete
Schedule K. If "No", go to line 25a
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease
any tax-exempt bonds?
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
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
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"
complete Schedule L, Part II
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member
of any of these persons? If "Yes," complete Schedule L, Part III
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV
instructions for applicable filing thresholds, conditions, and exceptions):
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
contributions? If "Yes," complete Schedule M
Did the organization liquidate, terminate, or dissolve and cease operations?
If "Yes," complete Schedule N, Part I
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete
Schedule N, Part II
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and
Part V, line 1
Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O ...

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

20a

20b

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24a

24b

24c

24d

25a

25b

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28a

28b

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Yes

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No Х

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Х Form 990 (2016)

Form 99 Part

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	990 (2016) GREENWAYS FOR NASHVILLE, INC. t V Statements Regarding Other IRS Filings and Tax Compliance	62-1570	596	Р	age 5		
Pai							
	Check if Schedule O contains a response or note to any line in this Part V						
				Yes	No		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 9					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	[1b] U					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			v			
	(gambling) winnings to prize winners?	1 1	1c	X			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 2					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х		
b	If "Yes," enter the name of the foreign country:						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	any contributions that were not tax deductible as charitable contributions?		6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
~	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).		0.5				
		rvices provided to the pavor?	7a	х			
	 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		7b	Х			
C			7c		x		
h		7d	70				
	If "Yes," indicate the number of Forms 8282 filed during the year		7.		x		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X		
f							
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
			8				
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b				
10	Section 501(c)(7) organizations. Enter:						
а	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:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
~	organization is licensed to issue qualified health plans	13b					
c	Enter the amount of reserves on hand	13c					
			14a		x		
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul		14b				

Form 990	(2016)
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Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. **b** Enter the number of voting members included in line 1a, above, who are independent 1b 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) **10a** Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright TN$ 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Own website Other (explain in Schedule O)

19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
~~	Chata the many address and television without of the many sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-

				-	-		-		,			-	-		- 149	,
I	G)O	vernance,	Manage	ement	, and	Disc	losure	For each "	'Yes'	response to lines 2 through	7b below,	and for	a "No'	' response	÷
	tc	o lir	ne 8a, 8b, or 1	0b below,	describ	e the d	circums	stances,	processes,	, or c	hanges in Schedule O. See ir	struction	s.			

GREENWAYS FOR NASHVILLE, INC.

Form 990 (2016)
Part VI	Governance

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No Χ

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Yes

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Yes No

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12b

12c

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15b

16a

16b

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization 's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one			1		Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations	Jal tru	onal t		ploye	com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT S. BRANDT	0.10	=	드	ò	¥	포히	R			
DIRECTOR	0120	x						0.	0.	0.
(2) KELLY BROCKMAN	0.10									
DIRECTOR		x						0.	0.	0.
(3) BERRY BROOKS	0.10									
DIRECTOR		x						0.	0.	0.
(4) MARTHA COOPER	0.10									
DIRECTOR		X						0.	0.	0.
(5) BRIAN COPELAND	0.10									
DIRECTOR		Х						0.	0.	0.
(6) NATASHA DEANE	0.10									
DIRECTOR		X						0.	0.	0.
(7) SHAIN DENNISON	0.10									_
EX-OFFICIO DIRECTOR		X						0.	0.	0.
(8) MARK DEUTSCHMANN	2.00									_
PRESIDENT		х		X				0.	0.	0.
(9) SANDRA DUNCAN	0.10									
DIRECTOR		X						0.	0.	0.
(10) BRENDA DIAZ-FLORES	0.10									_
EX-OFFICIO DIRECTOR		х						0.	0.	0.
(11) JIM FORKUM	0.10									_
DIRECTOR		X						0.	0.	0.
(12) BRENDA GILMORE	0.10									
DIRECTOR		X						0.	0.	0.
(13) MARIE GRIFFIN	0.10									
DIRECTOR	0.10	X						0.	0.	0.
(14) SHARON KIPP	0.10									•
DIRECTOR	0.10	X						0.	0.	0.
(15) TOMMY LYNCH	0.10								_	_
EX-OFFICIO DIRECTOR	0.10	X						0.	0.	0.
(16) JEANIE NELSON	0.10	v						0.	0.	<u>م</u>
DIRECTOR	0.10	X						0.	0.	0.
(17) DONNA NICELY	0.10	x						0.	0.	0.
DIRECTOR								0.	0.	

Form 990 (2016
Dart VII	

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Part VII Section A. Officers, Directors, Tr		ploy	ees			Ighe	st C			<u> </u>			
(A)	(B)			ر Pos	C)	`		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	e than		Reportable	Reportable			stimate	
	week					is bot or/trus		compensation from	compensation from related			nount other	of
	(list any	tor						the	organizations			ipensa	ation
	hours for	direc				pa		organization	(W-2/1099-MISC)		om th	
	related	tee or	ustee			ensat		(W-2/1099-MISC)		<i>`</i>	org	anizat	ion
	organizations	individual trustee or director	Institutional trustee		oyee	Highest compensated employee					an	d relat	ed
	below	ividu	titutio	Officer	Key employee	hest (ploye	Former				orga	anizati	ons
	line)	lnd	Ins	0ff	Key	em Hig	Fer			$ \rightarrow$			
(18) JOHN L. NORRIS	0.10	.,											•
DIRECTOR	0.10	X						0.		0.			0.
(19) MONIQUE ODOM	0.10	.,											•
EX-OFFICIO DIRECTOR	0 10	X						0.		0.			0.
(20) PHIL PONDER	0.10												0
DIRECTOR	0 10	X					<u> </u>	0.		0.			0.
(21) ANN ROBERTS	0.10												0
DIRECTOR	0 10	X					_	0.		0.			0.
(22) KAY SIMMONS	0.10												0
DIRECTOR	0 10	X					_	0.		0.			0.
(23) STEVE SIRLS	0.10												0
DIRECTOR	0 10	X						0.		0.			0.
(24) CHARLES SUEING	0.10												0
DIRECTOR	1 00	X					<u> </u>	0.		0.			0.
(25) ANN TIDWELL	1.00			v				0		^			0
VICE PRESIDENT	0 10	X		X			<u> </u>	0.		0.			0.
(26) PATRICIA TOTTY	0.10	x						0.		ο.			0
DIRECTOR								0.		0.			0.
1b Sub-total								61,764.		0.			0.
c Total from continuation sheets to Part								61,764.		0.			0.
d Total (add lines 1b and 1c)								-					0.
2 Total number of individuals (including but	t not limited to tr	lose	liste	ed a	bov	e) wi	no r	received more than \$100	,000 of reportable				0
compensation from the organization												Yes	No
2 Did the eventimation list and former office	au dinaatau autu		- I/-							Г		165	
3 Did the organization list any former office							-	•			3		х
line 1a? <i>If</i> "Yes," <i>complete Schedule J fo</i> 4 For any individual listed on line 1a, is the											3		
4 For any individual listed on line 1a, is the and related organizations greater than \$ ⁻									ine organization		4		х
									dual for convisoo		4		
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," co					-	-		-			5		x
Section B. Independent Contractors	Schedul	01	01 30		per	3011							
1 Complete this table for your five highest	compensated in	dona	ande	nt c	ont	racto	ore t	that received more than	\$100.000 of comp	one	ation	from	
the organization. Report compensation for										0130	ation	nom	
(A)	or the calendary	car	enui	ng v	VILII		<u> </u>	(B)			(0	וי	
(~) Name and busine	ss address	N	ONE	2				Description of s	ervices	C		7) nsatio	n
2 Total number of independent contractors	s (including but r	not li	mite	d to	tho	se li	stec	d above) who received m	ore than				
\$100 000 of compensation from the orga						0		,					

Form 990 GREENWAY	S FOR NZ	ASI	IVI	ГLI	LE,	,]	ENG	с.	62-157	0596
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	mplo	oyee	s, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c	heck				lv)	compensation	compensation	amount of
	per	(· <i>,</i> ,	from	from related	other
	week					ee		the	organizations	compensation
	(list any	ctor				u plo		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ed er		(W-2/1099-MISC)	. , ,	organization
	related	tee o	ustee			en sat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	/id ua	tutio	er	empl	lest c	ıer			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) FRANK TREW	0.10									
DIRECTOR		x						0.	0.	0.
(28) JENNIFER WESTERHOLM	1.00									
SECRETARY		x		x				0.	0.	0.
(29) LYNDSAY WILKINSON	0.10									
DIRECTOR	0.10	x						0.	0.	0.
	1.00	^						0.	0.	0.
(30) PETE WOOTEN	1.00	x		x				0.	0.	0
TREASURER	22.00	<u> </u>		A				0.	0.	0.
(31) EMMIE THOMAS (THRU JUNE 2017)	32.00								0	0
FORMER EXECUTIVE DIRECTOR				X				61,764.	0.	0.
(32) AMY CROWNOVER (EFF. JULY 2017)	32.00								_	_
EXECUTIVE DIRECTOR				Х				0.	0.	0.
					<u> </u>					
Total to Part VII, Section A, line 1c								61,764.		
· · · · · · · · · · · · · · · · · · ·										

Form	n 990 (2016) GREEN	WAYS FOR	NASHVIL	LE, INC.		62-1570	596 Page 9
Pa	rt VII	I Statement of Rever	nue					
_		Check if Schedule O cont	ains a response	or note to any lin		(B)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ce Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and ve 1a-1f: \$	74,870. 97,983. 169,660. ▶ Business Code	342,513.			
Program Service Revenue	b c d e f	All other program service reve						
	a	Total. Add lines 2a-2f						
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, intere	est, and wroceeds	1,523.			1,523.
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	8 a	Net gain or (loss) Gross income from fundraising including \$ 97,9 contributions reported on line Part IV, line 18	g events (not <u>83.</u> of 1c). See a	82,180.				
Oth		Less: direct expenses		78,913.	2 2 7			2 2 7
	9 a b	Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses	tivities. See a		3,267.			3,267.
	10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a	4,686.				
	с	Net income or (loss) from sale	s of inventory		2,112.	2,112.		
	11 a b	Miscellaneous Revenu		Business Code				
	c d	All other revenue						
		—						
	12	Total revenue. See instructions.			349,415.	2,112.	0.	4,790.

GREENWAYS FOR NASHVILLE, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	Total expenses	Program service expenses	Management and general expenses	Fundraising
			general experiese	expenses
מווע עטווופגווג אטעפרווווופוונג. אני דמוג וע, ווווע ב ו	52,534.	52,534.		
Our sets and a three sets to set a demonstration	52,554.	52,554.		
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members Compensation of current officers, directors,				
, , ,	59 309	47 447	5 931	5,931
		=/,==/•	5,551.	5,551
	44 235	33 176	4 4 2 4	6,635
	41,4550	55,170.		0,000
	7.965.	6.212.	792.	961
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~; 4 ± 4 •	, , , , , , , , , , , , , , , , , , , ,	
	8 242	2.070.	5,913,	259
	0,2120	270700	375131	
	1 200.			1,200
	16 240	16 015		225
	6 373.		1 227	859
	2 689.			000
	2,005.	2,151.		
	8.811.		8.811.	
	0,0110		0,011.	
-	1 640.		1 640	
	±,0±0•		1,010	
——————————————————————————————————————				
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	9.538.	9.538.		
	2,000	2,000.		
· · · · · · · · · · · · · · · · · · ·	218 776	173.430.	29 276	16,070
	210,7,00	1,5,150.		10,070
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on Schedule 0.) GREEENWAY PROJECT EXPENS All other expenses	trustees, and key employees 59,309. Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B) 44,235. Other salaries and wages 44,235. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 44,235. Other employee benefits 7,965. Peas for services (non-employees): 8,242. Management Legal Accounting 8,242. Lobbying 9 Professional fundraising services. See Part IV, line 17 1,200. Investment management fees 0,1,200. Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 1,200. Advertising and promotion 6,3773. Information technology 2,689. Royalties 2,689. Occupancy 8,811. Travel 1,640. Payments to affiliates 9 Depreciation, depletion, and amortization 1 Insurance 9 Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses in line 24. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on to co	trustees, and key employees 59, 309. 47, 447. Compensation not included above, to disqualified persons described in section 4958(r)(1) and persons described in section 4958(r)(3)(8) Other salaries and wages 44, 235. 33, 176. Pension plan accruals and contributions Other employee benefits 7 Payroll taxes 7, 965. 6, 212. Fees for services (non-employees): Management Legal 8, 242. 2, 070. Lobbying 7 Professional fundraising services. See Part IV, line 17 Investment management fees 7 Other (I line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Office expenses 6, or entertainment expenses for any federal, state, or local public officials Depreciation, depletion, and amortization Insurance 9 Payments to affiliates 9 Payments to affiliates 9 Depreciation, depletion, and amortization Insurance 9 Other expenses. Itemize expenses not covered above. (Jst micellano, and meetings 1, 640. Other expenses. Itemize expenses not covered above. (Jst micellano, and meetings 1, 640. All other expenses Induced sites from a combined educational campaign and fundraising solicitation.	trustees, and key employees

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,573.	1	5,590.
	2	Savings and temporary cash investments	490,653.	2	629,328.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
st		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Â	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	145.	15	183,500.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	495,371.	16	818,418.
	17	Accounts payable and accrued expenses	2,528.	17	1,036.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	32,816.	25	226,716.
	26	Total liabilities. Add lines 17 through 25	35,344.	26	227,752.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ses		complete lines 27 through 29, and lines 33 and 34.			046 050
anc	27	Unrestricted net assets	293,485.	27	346,858.
Fund Balances	28	Temporarily restricted net assets	166,542.	28	243,808.
pu	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
ъ С		and complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let	32	Retained earnings, endowment, accumulated income, or other funds	100 005	32	
2	33	Total net assets or fund balances	460,027.	33	590,666.
	34	Total liabilities and net assets/fund balances	495,371.	34	818,418.

Form **990** (2016)

Part X Balance Sheet

Form	000	(201	6
FOUL	990	(201	U

3	Revenue less expenses. Subtract line 2 from line 1	3		30,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	60,0	27.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5.	90,6	666.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	,	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	;	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a	ı	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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

1 Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Form **990** (2016)

1

2

349,415.

218,776.

130,639

Form	990	(2016)	1

2

Π

Part XI Reconciliation of Net Assets

(Form	990	or	990-	·ΕΖ
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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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form99	0.

2016 Open to Public . Inspection Employer identification number

OMB No. 1545-0047

Name of the organization	n
Department of the Treasury Internal Revenue Service	

- tan		G	REENWAYS FOR	NASHVILLE, I	NC.			6	2-1570596	
Pa	art I		blic Charity Status			is part.) Se	ee instruction			
The	orga		foundation because it is:							
1		A church, convention	of churches, or associati	on of churches described	d in sectio	n 170(b)([.]	1)(A)(i).			
2		1	section 170(b)(1)(A)(ii).							
3		A hospital or a coope	rative hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).			
4		A medical research or	rganization operated in co	onjunction with a hospital	l described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization opera	ated for the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental u	unit describ	bed in	
		section 170(b)(1)(A)((iv). (Complete Part II.)							
6		A federal, state, or loc	cal government or govern	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust de	escribed in section 170(b))(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural resear	ch organization described	d in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
		or university or a non-	-land-grant college of agric	culture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or	
		university:								
10		An organization that r	normally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross receipts from	
		activities related to its	s exempt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment	
		income and unrelated	d business taxable income	e (less section 511 tax) fr	om busine	sses acqu	uired by the or	ganization	after June 30, 1975.	
		See section 509(a)(2)	. (Complete Part III.)							
11		An organization organ	nized and operated exclus	sively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organ	nized and operated exclus	sively for the benefit of, to	perform	the function	ons of, or to ca	arry out the	e purposes of one or	
		more publicly support	ted organizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box in	
		lines 12a through 12d	d that describes the type of	of supporting organizatio	n and con	nplete line:	s 12e, 12f, an	d 12g.		
а	L	Type I. A supporting	g organization operated,	supervised, or controlled	by its sup	ported or	ganization(s), †	typically by	' giving	
		the supported orga	nization(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting	
	_	organization. You n	nust complete Part IV, S	ections A and B.						
b	, L	Type II. A supportin	ng organization supervise	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving	
		control or managem	nent of the supporting org	ganization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported	
	_	organization(s). You	u must complete Part IV,	, Sections A and C.						
С	: L	Type III functionall	ly integrated. A supportir	ng organization operated	in connec	tion with,	and functiona	lly integrate	ed with,	
	_	its supported organ	nization(s) (see instruction	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functi	i onally integrated. A supp	porting organization oper	ated in co	nnection \	with its suppo	rted organi	zation(s)	
		that is not functiona	ally integrated. The organi	ization generally must sat	tisfy a dist	ribution re	quirement and	d an attent	iveness	
	_	requirement (see in:	structions). You must co	mplete Part IV, Sections	s A and D,	and Part	۷.			
е	. L	Check this box if the	e organization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III		
		functionally integrat	ted, or Type III non-function	onally integrated support	ing organi	zation.				
f		ter the number of suppo	•							
g	Pro		mation about the support		(iv) is the orga	nization listed	(.) And a start of			
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No				
Tota	al									
101	ai								1	

Schedule A (Form 990 or 990-EZ) 2016 GREENWAYS FOR NASHVILLE, INC.

62-1570596 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or filead year beginning in) ► (e) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 offits, gards, contributions, and membership fees received. (Do not include any humsular) grants'). 387, 063. 242, 855. 245, 265. 316, 577. 342, 513. 1534273. 2 Tax revenues levied for the organization without charge 387, 063. 242, 855. 245, 265. 316, 577. 342, 513. 1534273. 3 The value of services or facilities timeshed by a governmental unit to the organization without charge 387, 063. 242, 855. 245, 265. 316, 577. 342, 513. 1534273. 5 The portion of total contributions by each person (fore than a governmental unit to publicly supported conganization included on ine 11, column (f) support taxes to the sense to sense the sense section B. 7063. 242, 855. 245, 265. 316, 577. 342, 513. 1534273. 6 arous unshown on line 1, column (form line 4 387, 063. 242, 855. 245, 265. 316, 577. 342, 513. 1534273. 8 cross income from line 4. 387, 063. 242, 855. 245, 265. 316, 577. 342, 513. 1534273. 9 Net income from line 4. 387, 063. 242, 855. 245, 265. 316, 577. 342, 51	Sec	ction A. Public Support								
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s ►		

Schedule A (Form 990 or 990-EZ) 2016 GREENWAYS FOR NASHVILLE, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(a) 2014	(d) 2015	(a) 201	6 (f) Total
	(d) 2012	(b) 2013	(c) 2014	(0) 2015	(e) 201	
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) c	rganization,
check this box and stop here						▶
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2016 (lin	ne 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2015					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	16 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2016. If the	-					l line 17 is not
more than 33 1/3% , check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶∟
b 33 1/3% support tests - 2015. If the o	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3% , and
line 18 is not more than 33 1/3% , cheo	k this box and s	top here. The org	anization qualifies	as a publicly supp	ported organiz	zation ►
20 Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>

Schedule A (Form 990 or 990-EZ) 2016 GREENWAYS FOR NASHVILLE, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
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5a		
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50		
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7		
8		
9a		
50		
9b		
9c		
90		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2016 GREENWAYS FOR NASHVILLE, INC. Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons? 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111				Yes	No
 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) to bow, the governing body of a supported organization? b A family member of a person described in (a) above? c A 50% controlled entity of a person described in (b) and (c) (b) above? c A 50% controlled entity of a person described in (b) or (c) (b) above? c A 50% controlled entity of a person described in (b) or (c) (b) above? c A 50% controlled entity of a person described in (b) or (c) (b) above? e A 50% controlled entity of a person described in (b) or (c) (b) above? e A 50% controlled the organization's directors or trustees at all times during the tax year? i Did the directors, trustees, or membership of one or more supported organization, describe how the powers to appoint and/or mersons directors or trustees at all times during the tax year? i Did the organization operated the upported organization directors and trustees at all times during the tax year? i Did the organization operated is upported organization operated in the supported organization, describe how the powers to appoint and/or mersons directors or trustees were albcated supported organization; i Did the organization operated is upported organization? If 'Yes,' explain in Part VI. how proving such beards are supported organization; i Were a magenty of the organization's directors or trustees during the tax year at 10 in the supporting Organization; i Were a magenty of the organization's directors or trustees during the tax year at 10 in organization or support do organization; i Did the organization's directors or trustees during the tax year at 10 in the organization or support do organization; i Were an of the supporting Organization and the supported organization; i Did the organization provide to each of its support dorganization; i Did the organization saftee, and th	11	Has the organization accepted a gift or contribution from any of the following persons?			
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b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization, and how the organization determined that these activities dustantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. 2b 2b a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 3a 3a	1				
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those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. 2b a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 1a	а				
how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 2a of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the 2b reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organizations. Answer (a) and (b) below. 2b a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 3a					
that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. 2b a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 1					
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of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the Image: Comparization is position that its supported organization(s) would have engaged in these Image: Comparization is position that its supported organization(s) would have engaged in these Image: Comparization is position that its supported organization(s) would have engaged in these Image: Comparization is position that its supported organization(s) would have engaged in these Image: Comparization is position that its supported organization(s) would have engaged in these Image: Comparization is position that its supported organization(s) would have engaged in these Image: Comparization is position is position that its supported organization(s) would have engaged in these Image: Comparization is position is posited organizations? Provide details in Part VI. Imag	Ŀ		Za		
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trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each Image: Comparison of the support of the sup					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	d		20		
	h		Ja		
	J		3b		

Schedule A (Form 990 or 990-EZ) 2016 GREENWAYS FOR NASHVILLE, INC.

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

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

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990 EZ) 2016 GREENWAYS FOR NASHVILLE, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
-	From 2013			
-	From 2014			
-	From 2015			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero. explain in Part VI. See instructions			
6	· · ·			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
7				
8	and 4c Breakdown of line 7:			
<u>a</u>	Excess from 2013			
	Excess from 2013			
	Excess from 2015			
e	Excess from 2016			

Schedule A	(Form 990 or 990-EZ) 2016 GREEN	VAYS FOR	NASHVILLE,	INC.	62-1570596 Page 8
Part VI	Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part V (See instructions.)	ovide the expla b, 4c, 5a, 6, 9a, ; Part IV, Sectio	nations required by Par 9b, 9c, 11a, 11b, and 1 on E, lines 1c, 2a, 2b, 3a	t II, line 10; Part II, line 17a or 1c; Part IV, Section B, lines 1 , and 3b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,

SCHEDULE D (Form 990) Department of the Treasury						OMB No. 1545-0047
-	l Revenue Service e of the organizati	· · · · · · · · · · · · · · · · · · ·	rm 990) and its instructions is at www.i	rs.gov/fo		loyer identification number
Inam	e of the organizati	GREENWAYS FOR NASH	VILLE, INC.		Lub	62-1570596
Pa	t I Organiza	ations Maintaining Donor Advise		s or A	ccou	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ne 6.			
	-		(a) Donor advised funds	(t	ɔ) Func	ds and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in		ised fund	ds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes 🛛 No
6		on inform all grantees, donors, and donor a				
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose	e conferr	ring	
	impermissible priv	ate benefit?			<u></u>	Yes No
Pa	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.	
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all th <u>at a</u> pply).			
	Preservation	n of land for public use (e.g., recreation or e	education) Preservation of a his	torically	import	ant land area
	Protection o	f natural habitat	Preservation of a cer	rtified his	storic s	structure
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form	n of a co	nserva	tion easement on the last
	day of the tax yea	r.				Held at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	Total acreage rest	ricted by conservation easements			2b	
		vation easements on a certified historic str			2c	
d	Number of conser	vation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture		
	listed in the Nation	nal Register			2d	
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organ	ization	during the tax
	year 🕨					
4		where property subject to conservation ea	·			
5	5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enf	orcement of the conservation easements i	t holds?			Yes No

	violations, and enforcement of the conservation easements it holds?	Y	es		J
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements of	durin	ng the y	/ear	

7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶\$

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

		YS FOR NAS	HVILLE, II	NC.	62-1	1570596 _{Page} 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Oth	ner Similar As	sets(continued)
3	Using the organization's acquisition, accessi	ion, and other record	is, check any of the	e following that are a	significant use of	its collection items
	(check all that apply):					
а	Public exhibition	c	I 🔄 Loan or ex	change programs		
b	Scholarly research	e	e 🔄 Other			
С	Preservation for future generations					
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization's ex	empt purpose in I	Part XIII.
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other simil	ar assets	
	to be sold to raise funds rather than to be m		0			Yes No
Pa	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" o	n Form 990, Part	IV, line 9, or
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custod					
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			
						Amount
	Beginning balance					
	Additions during the year					
e	Distributions during the year					
t	Ending balance					
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	Yes No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i					
I U		(a) Current year	(b) Prior year	(c) Two years back		ick (e) Four years back
10	Paginning of year balance	(a) Current year	(b) Phor year	(C) TWO years back		ick (e) i oui years back
la b	Beginning of year balance					
0	Contributions Net investment earnings, gains, and losses					
с А	Grants or scholarships					
	Other expenditures for facilities					
e	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cur	rent vear end balanc	ce (line 1 a. column	(a)) held as:		
- a	Board designated or quasi-endowment		%			
b	Permanent endowment	%				
	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c sho					
3a	Are there endowment funds not in the posse		ation that are held	and administered for	the organization	
	by:	C C			C	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R	?		3b
4	Describe in Part XIII the intended uses of the	e organization's endo	owment funds.			
Pa	rt VI Land, Buildings, and Equipm	nent.				
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a.	See Form 990, Part >	K, line 10.	
	Description of property	(a) Cost or c basis (investr	• • •		Accumulated epreciation	(d) Book value
1a	Land					
	Buildings					
	Leasehold improvements					
	Equipment					
	Other					
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)	►	0.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) LAND HELD FOR METRO PARKS	183,500.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶	183,500.

Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	STONE HALL FUNDS HELD FOR METRO	
(3)	PARKS	43,216.
(4)	LAND HELD IN TRUST FOR METRO PARKS	183,500.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	226,716.

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

Schedule D (Form 990) 2016

Sche	edule D (Form 990) 2016 GREENWAYS FOR NASHVILI	JE, INC.	62-157059	6 Page
_	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	

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.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

5

4

Part XIII Supplemental Information.

(Form 990 or 990-EZ) Department of the Treasury	ental Information Regarding e organization answered "Yes" on organization entered more than \$1 Attach to Form 990 about Schedule G (Form 990 or 990-EZ)	Form 990, 5,000 on Fo) or Form 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 90-EZ.	or 19, or if the	OMB No. 1545-0047			
Name of the organization	about Schedule & (Form 350 or 350-EZ)				lentification number			
	YS FOR NASHVILLE,			62-157				
Part I Fundraising Activities required to complete this part	Complete if the organization answe	ered "Yes" o	n Form 990, Part IV,	line 17. Form 990-	EZ filers are not			
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)				
		Yes No	-					
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								

Schedule G (Form 990 or 990-EZ) 2016 GREENWAYS FOR NASHVILLE, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 000 F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.	
			(a) Event #1 DINNER ON THE BRIDGE	(b) Event #2 RICHLAND CREEK RUN	(c) Other events NONE	(d) Total events (add col. (a) through	
_			(event type)	(event type)	(total number)	- col. (c))	
Revenue	1	Gross receipts	144,483.	35,680.		180,163.	
	2	Less: Contributions	78,483.	19,500.		97,983	
	3	Gross income (line 1 minus line 2)	66,000.	16,180.		82,180.	
	4	Cash prizes					
<i>"</i>	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs	13,939.			13,939	
rect Ex	7	Food and beverages	36,093.			36,093	
ā	8	Entertainment	5,358.			5,358	
	9	Other direct expenses	9,855.	13,668.		23,523	
	10	10 Direct expense summary. Add lines 4 through 9 in column (d)					
11 Net income summary. Subtract line 10 from line 3, column (d)						3,267	
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than		
ø			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	

Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
	ls t	the organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes No
		, i				
		ere any of the organization's gaming licenses re			year?	Yes No
b	If "	Yes," explain:				

Sch	nedule G (Form 990 or 990-EZ) 2016 GREENWAYS FOR NASHVILLE, INC. 62-1	<u>570</u> !	<u>596</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	_ ,	Yes	
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	• An outside facility	13b		<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			/0
14				
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗆 Y	Yes	🗌 No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party:			
, c	an res, entername and address of the third party.			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
47	Mandatory distributional			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?	_ ,	Yes	No No
ł	• 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 > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9 (ah 10)h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	163 0, 0	50, TC	, 100,

62-1	570596	Page 4
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Supplemental information (continued)	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go Compl	irants and Oth vernments, an ete if the organization	d Individua n answered "Yes" Attach to For	ls in the Ŭn ' on Form 990, Pa m 990.	ited States art IV, line 21 or 22.	0.	OMB No. 1545-0047
							Employer identification number	
	GREENWAYS	FOR NASH	VILLE, INC.					62-1570596
Part I General Ir	formation on Grants a	and Assistance						
	ation maintain records							
criteria used to a	ward the grants or assi	stance?						X Yes No
	IV the organization's pro					·		
	d Other Assistance to					anization answered "	res" on Form 990, Par	t IV, line 21, for any
	nat received more than Idress of organization		(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(b) Durpage of grapt
	vernment	(b) EIN	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	(h) Purpose of grant or assistance
METROPOLITAN GOVE	RNMENT OF							EXPENSES PAID ON BEHALF
NASHVILLE AND DAV	IDSON COUNTY -						EXPENSES PAID ON	OF METRO PARKS TO INSTALL
700 2ND AVE S. SU	VITE 310 P.O. BOX						BEHALF OF METRO	FITNESS EQUIPMENT, WATER
196300 - NASHVILI	E, TN 37219	62-0694743	METRO BD-PARKS/RI	c 0.	52,534.	воок	PARKS	FOUNTAINS, BENCHES, AND
2 Enter total numb	er of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table	•	•	•	▶ <u> </u>
	er of other organization							
LHA For Paperwork	HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2016)							

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2016)

62-1570596

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE BOARD OF DIRECTORS OF GREENWAYS FOR NASHVILLE WORKS CLOSELY WITH THE

METROPOLITAN NASHVILLE BOARD OF PARKS AND RECREATION AND THE GREENWAYS AND

OPEN SPACE COMMISSION TO IDENTIFY NEEDS FOR IMPROVEMENTS TO EXISTING

GREENWAYS AND DEVELOPMENT OF NEW GREENWAYS IN THE NASHVILLE AREA.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Schedule I (Form 990) GREENWAYS FOR NASHVILLE, INC.	62-1570596 Page 2
Part IV Supplemental Information	
(H) PURPOSE OF GRANT OR ASSISTANCE: EXPENSES PAID ON BE	HALF OF METRO
PARKS TO INSTALL FITNESS EQUIPMENT, WATER FOUNTAINS, BE	NCHES, AND BENCH
IMPROVEMENTS ON VARIOUS NASHVILLE GREENWAYS.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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.



GREENWAYS FOR NASHVILLE, INC.

Employer identification number 62 - 1570596

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUILDING AND IMPROVING GREENWAYS THROUGHOUT DAVIDSON COUNTY, TENNESSEE.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE 990 IS REVIEWED AND APPROVED BY THE TREASURER, THE EXECUTIVE

COMMITTEE, AND THEN THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST STATEMENTS ARE DISTRIBUTED ANNUALLY FOR DISCLOSURE AND SIGNATURE BY ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S SALARY IS PERIODICALLY EVALUATED BY USE OF DATA PROVIDED BY NASHVILLE-BASED CENTER FOR NON-PROFIT MANAGEMENT FOR QUALIFIED PERSONS SERVING IN A SIMILAR ROLE WITHIN NONPROFIT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE.

FORM 990, PART VI, SECTION C, LINE 19:

A DISCLOSURE FILE THAT CONTAINS APPLICATION FOR EXEMPTION AND 990/990-EZ

FILINGS IS MAINTAINED BY THE ORGANIZATION AND IS AVAILABLE FOR REVIEW UPON

REQUEST. THE ORGANIZATION MAKES INFORMATION AVAILABLE TO THE PUBLIC VIA

GIVINGMATTERS.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION B, LINE 15B:

THE ORGANIZATION DOES NOT COMPENSATE ANY OF THESE INDIVIDUALS,

ACCORDINGLY, THE FORM CONTAINS A "NO" RESPONSE.