

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2009**Open to Public  
Inspection**A** For the 2009 calendar year, or tax year beginning **APR 1, 2009** and ending **MAR 31, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>THE LAND TRUST FOR TENNESSEE, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>209 10TH AVENUE SOUTH 530</b> City or town, state or country, and ZIP + 4 <b>NASHVILLE, TN 37203</b>	<b>D</b> Employer identification number <b>62-1770549</b>
<b>F</b> Name and address of principal officer: <b>JEAN C. NELSON</b> <b>SAME AS C ABOVE</b>			<b>E</b> Telephone number <b>(615) 244-5263</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>G</b> Gross receipts \$ <b>2,229,281.</b>
<b>J</b> Website: <b>WWW.LANDTRUSTTN.ORG</b>			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1999</b> <b>M</b> State of legal domicile: <b>TN</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PRESERVE THE UNIQUE CHARACTER OF TENNESSEE'S NATURAL AND HISTORIC LANDSCAPES AND SITES FOR FUTURE</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>32</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>32</b> <b>5</b> Total number of employees (Part V, line 2a) ..... <b>17</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>100</b> <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 ..... <b>0.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>0.</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>1,205,685.</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>2,037,053.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>17,200.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>5,628.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>105,189.</b> <b>1,328,074.</b> <b>2,062,774.</b>	<b>Prior Year</b>	<b>Current Year</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>610,480.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>680,159.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>174,046.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... <b>494,544.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>772,876.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>1,105,024.</b> <b>223,050.</b> <b>609,739.</b>		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>7,938,303.</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>8,606,705.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>39,931.</b> <b>7,898,372.</b> <b>8,508,111.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: <b>JEAN C. NELSON, PRESIDENT &amp; EXECUTIVE DIRECTOR</b> Type or print name and title	Date <b>19/29/2010</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ <b>(615) 242-7351</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature: Firm's name (or yours if self-employed), address, and ZIP + 4 <b>KRAFTCPAS PLLC</b> <b>555 GREAT CIRCLE ROAD</b> <b>NASHVILLE, TN 37228</b>	Date <b>09/27/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ <b>(615) 242-7351</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**TO PRESERVE THE UNIQUE CHARACTER OF TENNESSEE'S NATURAL AND HISTORIC  
LANDSCAPES AND SITES FOR FUTURE GENERATIONS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code: ) (Expenses \$ 1,170,729. including grants of \$ ) (Revenue \$ 10,000.)

**1. EDUCATIONAL OUTREACH TO THE GENERAL PUBLIC RELATING TO THE  
CONSERVATION OF LAND AND NATURAL RESOURCES SUCH AS PRODUCTIVE  
AGRICULTURAL AND FOREST LANDS; RECREATIONAL, SCENIC, ECOLOGICAL AND  
HISTORICALLY SIGNIFICANT LANDS; PRESERVATION OF VALUABLE WILDLIFE  
HABITAT; WATERSHED AND WATER QUALITY LANDS; AND URBAN OPEN SPACE.**

**2. THE ACQUISITION THROUGH GIFT, DEVISE, BEQUEST, PURCHASE, THROUGH FEE  
SIMPLE ACQUISITION OR OTHERWISE, REAL AND PERSONAL PROPERTY AND  
INTERESTS THEREIN, INCLUDING WITHOUT LIMITATION, THE ACQUISITION OF  
PERMANENT CONSERVATION EASEMENTS IN REAL PROPERTY IN ORDER TO PRESERVE  
THE ABOVE-CITED TYPES OF LAND.**

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 ► \$ 1,170,729.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes X	No X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	45	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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	17	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	1a	32
<b>b</b> Enter the number of voting members that are independent	1b	32
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
<b>6</b> Does the organization have members or stockholders?	6	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
<b>13</b> Does the organization have a written whistleblower policy?	13	X
<b>14</b> Does the organization have a written document retention and destruction policy?	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **TN**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JANET HENDERSON - (615) 244-5263**  
**209 10TH AVENUE SOUTH #530, NASHVILLE, TN 37203**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

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

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEAN NELSON PRESIDENT/EXEC. DIRECTOR	80.00	X		X				76,000.	0.	15,384.
DOYLE R. RIPPEE CHAIRMAN	10.00	X		X				0.	0.	0.
MARY BROCKMAN SECRETARY	2.00	X		X				0.	0.	0.
GENTRY BARDEN VP OF DEVELOPMENT	2.00	X		X				0.	0.	0.
ROBERT S. BRANDT VP OF LAND PROTECTION	2.00	X		X				0.	0.	0.
ORVILLE KRONK TREASURER	2.00	X		X				0.	0.	0.
STEVEN MASON IMMEDIATE PAST CHAIRMAN	1.00	X		X				0.	0.	0.
E. WARNER BASS DIRECTOR	1.00	X						0.	0.	0.
SAM BELK DIRECTOR	1.00	X						0.	0.	0.
DOUG CAMERON DIRECTOR	1.00	X						0.	0.	0.
G. WILLIAM COBLE DIRECTOR	1.00	X						0.	0.	0.
DOUG CRUICKSHANKS DIRECTOR	1.00	X						0.	0.	0.
DR. ESLICK DANIEL DIRECTOR	1.00	X						0.	0.	0.
CATHY ELLIS DIRECTOR	1.00	X						0.	0.	0.
SARA FINLEY DIRECTOR	1.00	X						0.	0.	0.
DEBBIE B. FRANK DIRECTOR	1.00	X						0.	0.	0.
STEVE FRIDRICH DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELLE HAYNES DIRECTOR	1.00	X						0.	0.	0.
ALICE HOOKER DIRECTOR	1.00	X						0.	0.	0.
SALLY HUSTON DIRECTOR	1.00	X						0.	0.	0.
ROB MCNEILLY DIRECTOR	1.00	X						0.	0.	0.
JENNIE D. RENWICK DIRECTOR	1.00	X						0.	0.	0.
BRAD SOUTHERN DIRECTOR	1.00	X						0.	0.	0.
BYRON R. TRAUGER DIRECTOR	1.00	X						0.	0.	0.
CHARLES A. TROST DIRECTOR	1.00	X						0.	0.	0.
ANN TIDWELL DIRECTOR	1.00	X						0.	0.	0.
GREG VITAL DIRECTOR	1.00	X						0.	0.	0.
<b>1b Total</b> .....								<b>76,000.</b>	<b>0.</b>	<b>15,384.</b>

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

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	<b>0</b>	

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	121,624.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	363,420.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,552,009.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		83,029.				
	<b>h Total.</b> Add lines 1a-1f .....		2,037,053.				
<b>Program Service Revenue</b>	<b>2 a</b> .....		Business Code				
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			5,628.			5,628.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....		(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ 121,624. of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>	176,600.			
	<b>b</b> Less: direct expenses .....		<b>b</b>	166,507.			
	<b>c</b> Net income or (loss) from fundraising events .....			10,093.			10,093.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>				
	<b>b</b> Less: direct expenses .....		<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....						
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>				
	<b>b</b> Less: cost of goods sold .....		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			Business Code				
<b>11 a FEE SERVICES</b> .....			900099	10,000.	10,000.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....				10,000.			
<b>12 Total revenue.</b> See instructions. ....				2,062,774.	10,000.	0.	15,721.



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	91,384.	63,969.	9,138.	18,277.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	497,024.	350,074.	68,922.	78,028.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	6,839.	4,813.	907.	1,119.
9 Other employee benefits .....	37,627.	26,477.	4,992.	6,158.
10 Payroll taxes .....	47,285.	33,273.	6,273.	7,739.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	53,739.	49,286.	1,744.	2,709.
c Accounting .....	12,779.	8,617.	1,630.	2,532.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	28,773.	27,861.	357.	555.
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....	40,761.	31,199.	3,510.	6,052.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	46,678.	33,806.	5,041.	7,831.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	15,072.	10,164.	1,922.	2,986.
23 Insurance .....	9,577.	6,458.	1,222.	1,897.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TRANSACTION ASSISTANCE	370,515.	370,515.	0.	0.
b GLEN LEVEN ESTATE PROPE	91,068.	91,068.	0.	0.
c EDUCATION & OUTREACH	30,151.	27,175.	957.	2,019.
d EVENTS	19,735.	0.	0.	19,735.
e COMPUTER EXPENSE	16,973.	12,992.	1,456.	2,525.
f All other expenses	37,055.	22,982.	189.	13,884.
25 Total functional expenses. Add lines 1 through 24f	1,453,035.	1,170,729.	108,260.	174,046.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				



**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1,686,120.	1	1,702,604.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	165,918.	3	182,976.
	4 Accounts receivable, net .....	95,065.	4	320,533.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	15,696.	9	13,025.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 6,447,063.		
	b Less: accumulated depreciation .....	10b 70,004.	10c	6,377,059.
	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 .....	11,540.	15	10,508.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	7,938,303.	16	8,606,705.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	28,391.	17	88,086.
	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	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	11,540.	25	10,508.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	39,931.	26	98,594.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	2,695,890.	27	3,064,579.
	28 Temporarily restricted net assets .....	5,202,482.	28	5,443,532.
	29 Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 Total net assets or fund balances .....	7,898,372.	33	8,508,111.
	34 <b>Total liabilities and net assets/fund balances</b> .....	7,938,303.	34	8,606,705.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

**Open to Public  
Inspection**

Name of the organization

THE LAND TRUST FOR TENNESSEE, INC.

Employer identification number

62-1770549

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

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

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

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

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

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

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	550,428.	4603671.	1826120.	1205685.	1690433.	9876337.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	550,428.	4603671.	1826120.	1205685.	1690433.	9876337.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						9876337.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....	550,428.	4603671.	1826120.	1205685.	1690433.	9876337.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	18,242.	36,370.	49,780.	17,200.	5,628.	127,220.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						10003557.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,246,231.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.73	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	<b>15</b>	98.58	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

Name of the organization

Employer identification number

THE LAND TRUST FOR TENNESSEE, INC.

62-1770549

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)



Name of organization

Employer identification number

THE LAND TRUST FOR TENNESSEE, INC.

62-1770549

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ 57,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ 333,646.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	TN	\$ 72,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ 41,871.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ 52,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE LAND TRUST FOR TENNESSEE, INC.

62-1770549

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 150,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 118,893.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 8,425.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 26,025.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE LAND TRUST FOR TENNESSEE, INC.

62-1770549

**Part II Noncash Property** (see instructions)[illegible]

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**THE LAND TRUST FOR TENNESSEE, INC.**

Employer identification number  
**62-1770549**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ **0.**
- 3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ **0.**
  - 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ **0.**
  - 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
  - 4a Was a correction made? ..... ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,265.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total. Add lines 1c through 1i			1,265.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.




**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE LAND TRUST FOR TENNESSEE, INC.

Employer identification number

62-1770549

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

<input checked="" type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input checked="" type="checkbox"/> Preservation of an historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input checked="" type="checkbox"/> Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a 157
b Total acreage restricted by conservation easements .....	2b 51,471.00
c Number of conservation easements on a certified historic structure included in (a) .....	2c 0
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 0

4 Number of states where property subject to conservation easement is located ► 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☒ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► 370

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ 15,077.

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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

► \$

(ii) Assets included in Form 990, Part X .....

► \$

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

a Revenues included in Form 990, Part VIII, line 1 .....

► \$

b Assets included in Form 990, Part X .....

► \$

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	705,024.	614,669.			
b Contributions	164,370.	102,065.			
c Net investment earnings, gains, and losses	2,430.	6,290.			
d Grants or scholarships					
e Other expenditures for facilities and programs		18,000.			
f Administrative expenses					
g End of year balance	871,824.	705,024.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 100.00 %

b Permanent endowment ▶ .00 %

c Term endowment ▶ .00 %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,326,971.		6,326,971.
b Buildings				
c Leasehold improvements				
d Equipment		120,092.	70,004.	50,088.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,377,059.

Schedule D (Form 990) 2009

17170927 781331 15357-15357 2009.04040 THE LAND TRUST FOR TENNESSE 15357-11

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,062,774.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,453,035.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	609,739.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	609,739.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,189,951.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	71,496.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	55,681.
e	Add lines 2a through 2d	2e	127,177.
3	Subtract line 2e from line 1	3	2,062,774.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,062,774.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,580,212.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	71,496.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	55,681.
e	Add lines 2a through 2d	2e	127,177.
3	Subtract line 2e from line 1	3	1,453,035.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,453,035.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART II, LINE 5: EASEMENT MONITORING:**

MONITORING IS THE REGULAR AND SYSTEMATIC GATHERING OF INFORMATION ABOUT A CONSERVED PROPERTY TO DETECT CHANGES AND TO ENSURE THAT THE PROPERTY IS BEING USED IN ACCORDANCE WITH THE RESTRICTIONS PLACED ON IT AND/OR MANAGEMENT PLAN. EACH PROPERTY, WHETHER PROTECTED BY A CONSERVATION EASEMENT OR OWNED BY LTTN (THE LAND TRUST FOR TENNESSEE), WILL BE MONITORED AT LEAST ONCE ANNUALLY IN A MANNER APPROPRIATE TO THE SIZE AND RESTRICTIONS OF THE PROPERTY. MONITORS MAY INCLUDE LTTN STAFF, BOARD OR

**Part XIV** Supplemental Information (continued)

COMMITTEE MEMBERS, TRAINED VOLUNTEERS AND RELEVANT PROFESSIONALS.

AT THE BEGINNING OF EACH CALENDAR YEAR, LTTN SENDS A LETTER TO EACH LANDOWNER NOTIFYING THEM OF THE UPCOMING MONITORING SEASON.

THE MONITOR FOLLOWS THE FOLLOWING BASIC STEPS FOR THE MONITORING VISIT:

1. CONTACT THE LANDOWNER TO INFORM HIM/HER OF THE VISIT AND TO INVITE THEM TO ACCOMPANY THE MONITOR.

2. PRIOR TO THE VISIT, REVIEW THE BASELINE DOCUMENTATION REPORT, PAST MONITORING REPORTS AND THE CONSERVATION EASEMENT OR THE MANAGEMENT PLAN, WHICHEVER IS APPLICABLE.

3. COMPLETE THE SUMMARY OF CONSERVATION EASEMENT FORM AND BRING THIS ON THE SITE VISIT TO USE AS A REFERENCE.

4. COMPLETE THE MONITORING PRE-VISIT CHECKLIST.

5. IF THE MONITOR IS A VOLUNTEER, COMPLETE THE STEWARDSHIP MONITOR RELEASE FORM.

6. INSPECT THE CONSERVED PROPERTY, EITHER FROM THE AIR OR ON THE GROUND. WHILE INSPECTING, TAKE NOTES AND PHOTOGRAPHS AND COMPLETE THE BASELINE PHOTOGRAPH INVENTORY FORM.

7. FILL OUT A STEWARDSHIP SITE VISIT MONITORING FORM PROVIDING A WRITTEN DOCUMENTATION OF WHAT WAS SEEN AND FILE IN THE PERMANENT STEWARDSHIP FILE.

8. COMPLETE THE STEWARDING POST-VISIT CHECKLIST.

IF NO ACTIVITIES THAT CONFLICT WITH THE CONSERVATION EASEMENT WERE FOUND ON THE MONITORING SITE VISIT, THEN A LAND PROTECTION STAFF MEMBER SENDS THE LANDOWNER A MONITORING COMPLIANCE LETTER.

IF THERE IS A SUSPECTED VIOLATION OF THE CONSERVATION EASEMENT, THEN THE FOLLOWING ENFORCEMENT OF EASEMENTS PROCEDURES ARE FOLLOWED.

ENFORCEMENT OF EASEMENTS:

LTTN IS COMMITTED TO PROTECTING THE CONSERVATION VALUES AND PURPOSES

**Part XIV** Supplemental Information (continued)

EMBODIED IN ITS CONSERVATION EASEMENTS. AS A GENERAL RULE, AND AT THE DISCRETION OF THE BOARD OF DIRECTORS, LTTN WILL ENFORCE THE TERMS OF ITS CONSERVATION EASEMENTS AND, CONSISTENT WITH SUCH TERMS, SEEK TO REMEDY VIOLATIONS THEREOF IN ORDER TO, AMONG OTHER THINGS, PROTECT THE CONSERVATION VALUES OF THE LAND, MAINTAIN PUBLIC CONFIDENCE IN LTTN'S MISSION, SUPPORT LTTN'S LEGAL AUTHORITY TO ENFORCE THE TERMS OF OTHER CONSERVATION EASEMENTS, PRESERVE THE TAX DEDUCTIBILITY OF DONATED EASEMENTS, AND MAINTAIN LTTN'S TAX-EXEMPT STATUS AS A CHARITABLE ORGANIZATION. IN CONNECTION WITH A STEWARD'S MONITORING OF A CONSERVATION EASEMENT, ANY SUSPECTED VIOLATION OF THE TERMS OF A CONSERVATION EASEMENT SHOULD BE RECORDED ON THE FORM AND IMMEDIATELY REPORTED TO THE STEWARDSHIP COORDINATOR. VIOLATIONS MAY ALSO BE REPORTED BY A RANDOM STAFF OBSERVATION OR BY AN UNRELATED THIRD PARTY, SUCH AS A NEIGHBOR, LOCAL GOVERNMENT AGENCY, OR OTHER COMMUNITY ORGANIZATION.

1. SUSPECTED VIOLATIONS, INCLUDING A DETAILED DESCRIPTION THEREOF, SHOULD BE RECORDED BY THE MONITORING STEWARD OR LTTN STAFF MEMBER RECEIVING NOTICE THEREOF. THE STEWARD OR STAFF MEMBER SHOULD, TO THE EXTENT POSSIBLE, DISCERN AND DOCUMENT WHETHER THE SUSPECTED VIOLATION HAS BEEN CAUSED BY THE LANDOWNER OR SOME OTHER PERSON. THE MONITORING STEWARD SHOULD REFRAIN FROM DISCUSSING THE SUSPECTED VIOLATION WITH THE LANDOWNER.

2. THE MONITORING STEWARD OR STAFF PERSON SHOULD IMMEDIATELY REPORT THE SUSPECTED VIOLATION TO THE STEWARDSHIP COORDINATOR, WHO, IN TURN, SHOULD IMMEDIATELY INFORM THE EXECUTIVE DIRECTOR AND OTHER APPROPRIATE MEMBERS OF LTTN STAFF.

3. THE STEWARDSHIP COORDINATOR OR DESIGNATED STAFF MEMBER THEN CONSULTS THE ORIGINAL TERMS OF THE CONSERVATION EASEMENT AND EVALUATES THE DOCUMENTATION REGARDING THE SUSPECTED VIOLATION. IN THE CASE OF A

**Part XIV** Supplemental Information (continued)

NON-STEWARD OBSERVER, THE STEWARDSHIP COORDINATOR SHOULD SCHEDULE A MONITORING VISIT WITH THE LANDOWNER TO INSPECT THE SITE OF THE SUSPECTED VIOLATION AND TAKE PHOTOGRAPHS (IF THE ONLY PHOTOGRAPHS TAKEN ARE DIGITAL, THEN THEY MAY NOT BE ACCEPTED IN COURT.) THIS PHYSICAL INSPECTION SHOULD BE PERFORMED BY THE STEWARDSHIP COORDINATOR, LAND PROTECTION DIRECTOR, EXECUTIVE DIRECTOR, A BOARD MEMBER, OR ANY COMBINATION THEREOF.

4. ALL DOCUMENTATION OF THE SUSPECTED VIOLATION (INCLUDING PHOTOGRAPHS, IF ANY) SHOULD BE RECORDED IN LTTN'S STEWARDSHIP FILES RELATING TO THE AFFECTED CONSERVATION EASEMENT.

5. UNLESS IT IS CLEAR THAT NO VIOLATION OF THE CONSERVATION EASEMENT HAS OCCURRED, THE STEWARDSHIP COORDINATOR WILL THEN DISCUSS POTENTIAL RESOLUTIONS WITH OTHER STAFF MEMBERS. IN ADDITION, THE LAND PROTECTION STAFF MAY DISCUSS POTENTIAL RESOLUTIONS WITH THE STEWARDSHIP COMMITTEE WHEN APPROPRIATE.

6. THE STEWARDSHIP COORDINATOR WILL CONTACT THE LANDOWNER BY TELEPHONE TO EXPLAIN THE PROBLEM AND REQUEST A CORRECTION, REPLACEMENT AND/OR CESSATION OF ACTIVITY. THE LANDOWNER WILL BE GIVEN AN APPROPRIATE DEADLINE FOR COMPLIANCE AND NOTIFIED THAT A LETTER SUMMARIZING THE CONVERSATION WILL BE SENT IMMEDIATELY.

7. A FOLLOW-UP LETTER IS SENT TO THE LANDOWNER REITERATING ORAL EXPLANATIONS, REQUESTS AND THE COMPLIANCE DEADLINE. ALL CORRESPONDENCE RELATED TO A SUSPECTED VIOLATION SHOULD BE SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED WITH A COPY SENT TO LTTN'S ATTORNEY.

8. ON THE DAY OF THE COMPLIANCE DEADLINE, THE SITE OF THE VIOLATION WILL BE INSPECTED FOR COMPLIANCE BY THE STEWARDSHIP COORDINATOR OR EXECUTIVE DIRECTOR. IF THE VIOLATION HAS BEEN CORRECTED, THEN LTTN SENDS AN OFFICIAL LETTER TO THE LANDOWNER STATING THAT THE COMPLIANCE IS



**Part XIV** Supplemental Information (continued)

RECOGNIZED AND THANKING THEM FOR THEIR COOPERATION. IF THE VIOLATION HAS NOT BEEN RECTIFIED, THEN A SECOND LETTER IS SENT TO THE LANDOWNER

RESTATING THE REQUIRED CORRECTION AND ESTABLISHING A NEW COMPLIANCE

DEADLINE DATE. LTTN'S ATTORNEY SHOULD BE COPIED ON THIS LETTER AS WELL.

9.ON THE SECOND DEADLINE DATE, THE STEWARDSHIP COORDINATOR OR EXECUTIVE DIRECTOR WILL RE-INSPECT THE SITE OF THE VIOLATION. IF COMPLIANCE IS ACHIEVED THEN LTTN WILL SEND THE OFFICIAL LETTER TO THE LANDOWNER STATING THAT THE COMPLIANCE IS RECOGNIZED AND THANKING THEM FOR THEIR COOPERATION. IF ON THE SECOND DEADLINE, THE LANDOWNER REMAINS NON-COMPLIANT, THEN LTTN'S LEGAL COUNSEL AND THE STEWARDSHIP COMMITTEE ARE CONTACTED TO DISCUSS POTENTIAL LEGAL ACTION.

10.WITH THE ADVICE OF LTTN'S LEGAL COUNSEL AND APPROVAL BY THE STEWARDSHIP COMMITTEE, LTTN MAY CONSIDER ENFORCEMENT OF THE EASEMENT THROUGH MEDIATION, ARBITRATION, LITIGATION, OR OTHER MEANS CONSISTENT WITH THE TERMS OF THE CONSERVATION EASEMENT. LTTN'S RESPONSE TO A VIOLATION SHOULD MATCH THE SEVERITY OF THE VIOLATION.

11.UNLESS OTHERWISE SPECIFIED BY THE BOARD OF DIRECTORS, LTTN'S EXECUTIVE DIRECTOR WILL ACT AS SPOKESPERSON WITH RESPECT TO THE VIOLATION WHEN AND IF THE MEDIA IS INVOLVED.

THE FOREGOING NOTWITHSTANDING, ANY DETERMINATION REGARDING WHETHER AND HOW TO ENFORCE A CONSERVATION EASEMENT IS WITHIN THE DISCRETION OF LTTN'S BOARD OF DIRECTORS, WHICH DISCRETION MAY BE EXERCISED ON A CASE-BY-CASE BASIS.

PART II, LINE 9: THE LAND TRUST FOR TENNESSEE VALUES EASEMENTS AT ZERO. A CONSERVATION EASEMENT PROVIDES THE LAND TRUST WITH NO AFFIRMATIVE RIGHTS EXCEPT TO MONITOR AND ENFORCE THE EASEMENT.

FINANCIAL STATEMENT FOOTNOTE: CONSERVATION EASEMENTS HELD BY THE

**Part XIV** Supplemental Information (continued)

ORGANIZATION ARE NOT RECOGNIZED AS ASSETS IN THE ACCOMPANYING FINANCIAL STATEMENTS. ASSETS ARE DEFINED AS PROBABLE FUTURE ECONOMIC BENEFITS OBTAINED OR CONTROLLED BY AN ENTITY; THE ORGANIZATION DOES NOT BELIEVE THAT THE EASEMENTS MEET THE DEFINITION CRITERIA. THE COST OF OBTAINING CONSERVATION EASEMENTS IS EXPENSED WHEN THE EASEMENT IS ACQUIRED.

**PART V, LINE 4: USE OF QUASI-ENDOWMENT: STEWARDSHIP FUNDS**

1.ANNUAL MONITORING OF THE PROPERTY UNDER EASEMENT HELD BY THE LAND TRUST FOR TENNESSEE; EXAMPLES OF EXPENSES INCLUDE STAFF TRAVEL AND TIME, EXPENSE REIMBURSEMENTS, PHOTOGRAPHY, MAPPING, ADMINISTRATION, ASSOCIATED FOLLOW-UP REPORTS AND CORRESPONDENCE, AND MAINTAINING UP-TO-DATE RECORDS;

2.PREVENTIVE MEASURES, IN ADDITION TO MONITORING, SUCH AS ORIENTATION MEETINGS WITH NEW LANDOWNERS, SURVEYS, BOUNDARY MARKING AND ACTIVE MANAGEMENT REQUIRED TO PROTECT THE CONSERVATION VALUES OF THE PROPERTY;

3.APPROVAL OF SPECIAL ACTIONS, WHICH MAY INCLUDE THE REVIEW OF THE LOCATION OF PERMITTED STRUCTURES, LANDSCAPE ALTERATIONS, EXERCISE OF OTHER RIGHTS RESERVED BY THE OWNER, RESPONSE TO REQUESTS FOR INTERPRETATION OF EASEMENT TERMS, OR ENTERTAINING PROPOSALS BY OWNERS TO AMEND EASEMENT PROVISIONS.

IN ADDITION TO ANNUAL INCOME, THE PRINCIPAL OF THE STEWARDSHIP FUND CAN BE MADE AVAILABLE FOR ENFORCEMENT EXPENSES WITH APPROVAL OF THE BOARD OF DIRECTORS. ENFORCEMENT EXPENSES, PRIMARILY LEGAL FEES AND COURT COSTS, IN THE UNLIKELY EVENT THAT REMEDIAL MEASURES OR LEGAL ACTION ARE NEEDED TO CORRECT A MISUNDERSTANDING OR A WILLFUL VIOLATION.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSES: 55681.

**Part XIV** Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES: 55681.

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

## Open To Public Inspection

Name of the organization

THE LAND TRUST FOR TENNESSEE, INC.

Employer identification number  
62-1770549

## Part I

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

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

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

- 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 ten 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 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)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total .....						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 ONCE IN A BLUE MOON	(b) Event #2 SOUTHEAST SUMMERTIME S	(c) Other events 1	(d) Total events (add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
1	Gross receipts .....	237,256.	38,583.	22,385.	298,224.	
2	Less: Charitable contributions .....	94,456.	22,583.	4,585.	121,624.	
3	Gross income (line 1 minus line 2) .....	142,800.	16,000.	17,800.	176,600.	
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....	35,198.	8,017.		43,215.
	7	Food and beverages .....	33,170.	10,512.	15,062.	58,744.
	8	Entertainment .....	2,800.			2,800.
	9	Other direct expenses .....	43,837.	12,222.	5,689.	61,748.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				( 166,507 )
11	Net income summary. Combine line 3, column (d), and line 10 .....				10,093.	

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? .....	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? .....	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	12	

**13** Indicate the percentage of gaming activity operated in:

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

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

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

b 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:

Name ► .....

Address ► .....

**16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

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

# Continuation Sheet for Form 990

OMB No. 1545-0047

2009

**Open to Public Inspection**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

**▶ See the Instructions for Form 990.**

Name of the Organization

THE LAND TRUST FOR TENNESSEE, INC.

Employer Identification number  
62-1770549

<b>Part I</b>	<b>Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>
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[illegible]



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**THE LAND TRUST FOR TENNESSEE, INC.**

Employer identification number

**62-1770549**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	6	52,523.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	8	15,693.	COST OF ITEMS
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>SOFTWARE</u> ) .....	X	1	14,513.	COST OF ITEM
26 Other ▶ ( _____ ) .....				
27 Other ▶ ( _____ ) .....				
28 Other ▶ ( _____ ) .....				

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

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period? .....

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE LAND TRUST FOR TENNESSEE, INC.

Employer identification number  
62-1770549

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

GENERATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ACCOMPLISHMENTS:

- WE CLOSED ON 38 INDIVIDUAL TRANSACTIONS TOTALING OVER 9,300 ACRES. AT  
THE END OF THIS FISCAL YEAR, THE LAND TRUST FOR TENNESSEE NOW PROTECTS  
51,471 ACRES THROUGH 167 PROJECTS IN 47 COUNTIES. LAST YEAR WE  
PROTECTED LAND IN 9 NEW COUNTIES AND ARE CONTINUING TO GROW OUR REACH  
AND IMPACT THROUGHOUT THE STATE. SOME HIGHLIGHTS FROM LAST YEAR  
INCLUDE:

- WE PROTECTED 7 PROPERTIES THAT ALLOW PUBLIC ACCESS OR BUFFER OUR  
IMPORTANT PUBLIC LANDS.

- WE PROTECTED 17 WORKING FARMS INCLUDING 3 NEW CENTURY FARMS, 2 OF  
WHICH ARE ON THE NATIONAL REGISTER OF HISTORIC PLACES.

- WE PROTECTED 24 MILES OF RIVER AND STREAM FRONTAGE (FOR A GRAND TOTAL  
OF 125 MILES THROUGHOUT ALL OUR PROJECTS).

- WE PARTNERED WITH THE STATE OF TENNESSEE TO PROTECT OVER 3,200 ACRES  
OF LAND IN SOUTHEAST TENNESSEE WHICH WILL ADD OVER 11 MILES TO THE  
CUMBERLAND TRAIL SYSTEM.

- WE CONTINUED TO GROW OUR WORK IN NORTHEAST TENNESSEE, PROTECTING 5  
WORKING FARMS THERE INCLUDING A PIONEER FARM (MEANING THE LAND HAS BEEN  
IN THE SAME FAMILY AND IN ACTIVE AGRICULTURE SINCE BEFORE TENNESSEE  
BECAME A STATE).

- WE PROTECTED KEY URBAN PROPERTIES RIGHT IN THE HEART OF NASHVILLE,  
INCLUDING 45 ACRES ON MILL CREEK, HOME TO THE FEDERALLY ENDANGERED

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE LAND TRUST FOR TENNESSEE, INC.

Employer identification number  
62-1770549

NASHVILLE CRAYFISH, AND 324 ACRES OF OLD FOREST IN PARTNERSHIP WITH  
FRIENDS OF WARNER PARKS THAT WILL BE ADDED TO THE METRO NASHVILLE  
WARNER PARKS SYSTEM.

- OPEN SPACE PLAN: LAST YEAR, WE WERE SELECTED TO PARTNER WITH THE  
MAYOR'S OFFICE TO LEAD AN OPEN SPACE PLAN FOR NASHVILLE-DAVIDSON  
COUNTY. IN FALL 2009, THE SELECTION COMMITTEE CHOSE A TEAM LED BY THE  
CONSERVATION FUND TO CREATE THE OPEN SPACE PLAN FOR NASHVILLE-DAVIDSON  
COUNTY, THE FIRST OF ITS KIND FOR OUR REGION.

- IN AUGUST OF 2009, WE RECEIVED WORD FROM THE LAND TRUST ALLIANCE  
ACCREDITATION COMMISSION THAT WE HAD BEEN ACCREDITED. AT THE TIME OF  
ACCREDITATION, WE WERE ONE OF ONLY 78 ORGANIZATIONS WITH THIS  
DESIGNATION AND ONE OF ONLY 15 IN THE SOUTHEAST REGION. THE PROCESS OF  
ACCREDITATION WAS AN IMPORTANT ONE FOR OUR STAFF AND RE-EMPHASIZED THE  
IMPORTANCE OF RECORD KEEPING AND STRONG MONITORING AND DRAFTING  
PRACTICES.

- WE SUCCESSFULLY MONITORED ALL OF OUR CONSERVATION EASEMENTS AND FEE  
SIMPLE PROPERTIES BY THE END OF OUR FISCAL YEAR.

**AWARDS AND NOMINATIONS:**

- IN APRIL, WE RECEIVED THE TRAILS AND TRILLIUMS SERVICE AWARD FOR  
MAKING THE MOST SIGNIFICANT IMPACT ON THE SOUTH CUMBERLAND PLATEAU.

- WE WON THE GOVERNOR'S ENVIRONMENTAL STEWARDSHIP AWARD FOR OUR  
PROTECTION OF LOST AND CHAMPION COVES ON THE CUMBERLAND PLATEAU.

- ON FEBRUARY 16, 2010, THE LAND TRUST, THE DEPARTMENT OF AGRICULTURE  
AND 12 OTHER PARTNERS INCLUDING USDA-NRCS, THE DEPARTMENT OF TOURISM,

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE LAND TRUST FOR TENNESSEE, INC.

Employer identification number  
62-1770549

CUMBERLAND REGION TOMORROW, UT AGRICULTURAL INSTITUTE AND THE FARM

BUREAU OFFICIALLY ENTERED INTO THE FARMLAND LEGACY PARTNERSHIP MOA.

THIS AGREEMENT SOLIDIFIED OUR COMMITMENT TO PRESERVING THE STATE'S

FARMLAND BY FORMING THE TENNESSEE FARMLAND LEGACY PARTNERSHIP. THE

PARTNERSHIP WILL SERVE AS AN AUTHORITATIVE RESOURCE FOR BOTH FARM LEVEL

AND COMMUNITY PLANNING THAT PROMOTES THE PRESERVATION AND VIABILITY OF

WORKING FARMS IN TENNESSEE.

- WE SECURED \$1,000,000 THROUGH USDA® FEDERAL FARM AND RANCLAND

PROTECTION PROGRAM TO ASSIST IN THE PROTECTION OF TWO WORKING FARMS IN

SOUTHEAST TENNESSEE.

- WE CONTINUE TO DEDICATE PART-TIME STAFF AND A STRONG VOLUNTEER BASE

TO A NORTHEAST TENNESSEE INITIATIVE KNOWN AS "THE LANDS OF BOONE AND

CROCKETT" TO PROTECT CRITICAL FARMLANDS AND HISTORIC LANDSCAPES IN THIS

REGION OF THE STATE.

- OUR STAFF PARTICIPATED IN THE FOLLOWING WORKING GROUPS: USDA-NRCS

TECHNICAL COMMITTEE, TENNESSEE WATER GROUPS, FARMLAND LEGACY GROUP,

FOREST LEGACY COMMITTEE, TDEC'S REGIONAL PLANNING FOR WATER RESOURCES

COMMITTEE, AND THE STATE FOREST RESOURCE ASSESSMENT STEERING COMMITTEE.

- WE PARTICIPATED IN OVER 50 SPEAKING ENGAGEMENTS AROUND THE STATE TO

EDUCATE LANDOWNERS, COMMUNITY MEMBERS AND PROFESSIONALS AND OFFICIALS

ABOUT THE LAND TRUST FOR TENNESSEE AND CONSERVATION METHODS AND

OPPORTUNITIES.

- THIS YEAR WE PROVIDED INDIVIDUAL LAND CONSERVATION EDUCATION TO

APPROXIMATELY 500 LANDOWNERS INTERESTED IN PROTECTING THEIR LANDS

THROUGH PROVIDING EDUCATIONAL MATERIALS AND/OR INDIVIDUAL ON-SITE

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE LAND TRUST FOR TENNESSEE, INC.

Employer identification number  
62-1770549

**MEETINGS AND CONSULTATIONS.**

- OUR STAFF TRAINED APPROXIMATELY 25 VOLUNTEERS, INCLUDING 8 GRADUATE AND UNDERGRADUATE INTERNS, IN LAND CONSERVATION EFFORTS INVOLVING THE PERMANENT PROTECTION OF LAND. THESE VOLUNTEERS AND INTERNS ARE ESSENTIAL MEMBERS OF OUR LAND PROTECTION AND LEGAL TEAMS AND PROVIDE OTHER SUPPORT FOR EACH INDIVIDUAL LAND PROTECTION PROJECT AS WELL AS OUR ANNUAL MONITORING VISITS.

- THE LAND TRUST FOR TENNESSEE CONTINUED ITS INITIATIVE TO DETERMINE THE FUTURE CONSERVATION PLANS FOR THE GLEN LEVEN PROPERTY. THIS PROPERTY WAS LEFT TO THE LAND TRUST IN NOVEMBER 2006 BY WILL AND IS A HISTORIC 1857 HOME AND 65 ASSOCIATED ACRES IN THE HEART OF DAVIDSON COUNTY.

- WE CONTINUED WORKING WITH PARTNERS INCLUDING THE HERITAGE FOUNDATION OF FRANKLIN AND WILLIAMSON COUNTY, CUMBERLAND REGION TOMORROW, NATURAL RESOURCES CONSERVATION SERVICE, TENNESSEE FARM BUREAU, TENNESSEE PRESERVATION TRUST, THE NATIONAL PARK SERVICE, UT AGRICULTURAL INSTITUTE, THE DEPARTMENT OF AGRICULTURE, MIDDLE TENNESSEE STATES CENTER FOR HISTORIC PRESERVATION, APPALACHIAN RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, FOOD SECURITY PARTNERS, SLOW FOOD, THE BATTLE OF NASHVILLE PRESERVATION SOCIETY, THE FRIENDS OF WARNER PARKS, THE CONSERVATION FUND, THE FRIENDS OF THE SOUTH CUMBERLAND RECREATION AREA, GILES COUNTY FARMLAND TRUST, THE FRIENDS OF BOWIE PARK, THE UNIVERSITY OF THE SOUTH, FORT CAMPBELL, THE TN LAND TRUST NETWORK, AND VARIOUS LOCAL WATERSHED ORGANIZATIONS TO FORWARD WATER QUALITY, FARMLAND AND HISTORIC PRESERVATION AND EDUCATION THROUGHOUT TENNESSEE.

- WE CELEBRATED OUR 10 YEAR ANNIVERSARY WITH A VARIETY OF EVENTS AND

**SCHEDULE O**

(Form 990)

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ACTIVITIES. OUR ANNUAL MEETING WAS HELD AT THE LOVELESS BARN AND HOSTED  
OVER 50 OF OUR LANDOWNERS WITH A SPECIAL PRESENTATION BY GOVERNOR PHIL  
BREDESEN.

- OUR ORGANIZATION ACTIVELY PROMOTED, FOR THE BENEFIT OF THE GENERAL  
PUBLIC, THE IMPORTANCE OF CONSERVATION AND THE ENHANCEMENT OF NATURAL  
AND CULTURAL RESOURCES IN TENNESSEE.

FORM 990, PART VI, SECTION A, LINE 2: TWO OF OUR DIRECTORS WORK FOR THE  
SAME LAW FIRM, ONE OF WHICH IS A PARTNER IN THE FIRM AND THE OTHER DIRECTOR  
IS "OF COUNSEL".

FORM 990, PART VI, SECTION B, LINE 11: UPON RECEIPT OF THE FINAL FORM 990  
IN ITS ENTIRETY FROM OUR TAX PREPARER, THE FINANCE/AUDIT COMMITTEE REVIEWS  
AND RECOMMENDS APPROVAL TO THE FULL BOARD OF DIRECTORS. THE FORM 990 IS  
THEN UPLOADED TO OUR WEBSITE ON A PASSWORD ENCRYPTED WEBPAGE AND  
CORRESPONDENCE IS SENT TO THE ENTIRE BOARD ABOUT ITS AVAILABILITY FOR THEIR  
REVIEW. TEN DAYS AFTER FORM 990'S AVAILABILITY FOR BOARD MEMBER REVIEW,  
THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR STAFF, BOARD MEMBERS AND  
VOLUNTEERS FILL OUT A FORM DISCLOSING ANY OF THEIR RELATED PARTIES OR  
POTENTIAL CONFLICTS OF INTEREST AND THAT THEY HAVE A CLEAR UNDERSTANDING OF  
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. ALSO, EACH STAFF MEMBER,  
BOARD MEMBER AND VOLUNTEER IS EXPECTED TO DISCLOSE EITHER TO THE BOARD  
CHAIRMAN OR THE EXECUTIVE DIRECTOR ANY EXISTENCE OF ANY POTENTIAL CONFLICT  
OF INTEREST, TO ABSTAIN FROM PARTICIPATION OF ANY OF THE LAND TRUST'S

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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DISCUSSIONS, TO ABSTAIN FROM WORKING ON THE TRANSACTION AND FROM VOTING ON  
THE TRANSACTION OR PROJECT GIVING RISE TO SUCH CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: ON AN ANNUAL BASIS IN THE LAST  
QUARTER OF THE FISCAL YEAR, EACH EMPLOYEE IS FORMALLY REVIEWED BY THEIR  
SUPERVISOR. THE EXECUTIVE DIRECTOR'S (ED) COMPENSATION IS REVIEWED  
ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE REVIEW  
USES THE LATEST SALARY AND BENEFIT INFORMATION SURVEY CONDUCTED BY THE  
INDUSTRY, THE LAND TRUST ALLIANCE. THIS SURVEY IS PRESENTED TO THE  
COMMITTEE ALONG WITH AN ANALYSIS OF HOW EACH EMPLOYEE, INCLUDING THE  
EXECUTIVE DIRECTOR COMPENSATION, COMPARES TO THE NATION AS A WHOLE AND BY  
REGION. ANY FURTHER INFORMATION IS PROVIDED TO THE EXECUTIVE COMMITTEE AS  
REQUESTED. ANY CHANGES IN COMPENSATION APPROVED BY THE EXECUTIVE COMMITTEE  
ARE CONVEYED TO THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR FOR  
IMPLEMENTATION.

FORM 990, PART VI, SECTION C, LINE 19: OUR GOVERNING DOCUMENT IS REFERRED  
TO AS OUR STANDARDS AND PRACTICES WHICH CONTAINS ALL OF OUR GOVERNING  
DOCUMENTS INCLUDING THE CONFLICT OF INTEREST POLICY. THIS DOCUMENT ALONG  
WITH OUR FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN  
ADDITION WE ARE MEMBERS OF THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE'S  
GIVING MATTERS WHERE OUR ONLINE PROFILE IS AVAILABLE TO ANYONE WHICH  
INCLUDES DETAILED INFORMATION ABOUT OUR ORGANIZATION INCLUDING A LIST OF  
OUR BOARD MEMBERS AND OUR FINANCIAL INFORMATION.

FORM 990, PART XI, LINE 2C

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932211  
02-03-10

Schedule O (Form 990) 2009



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Department of the Treasury  
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THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## **Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THE LAND TRUST FOR TENNESSEE, INC.	62-1770549
	Number, street, and room or suite no. If a P.O. box, see instructions. 209 10TH AVENUE SOUTH, NO. 530	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

JANET HENDERSON

- The books are in the care of ► 209 10TH AVENUE SOUTH #530 - NASHVILLE, TN 37203

Telephone No. ► (615) 244-5263

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  
NOVEMBER 15, 2010, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or

► ☒ tax year beginning APR 1, 2009, and ending MAR 31, 2010.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)