

Return of Organization Exempt From Income Tax

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning _____, 2014, and ending _____	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ First-year/terminated ☐ Renewed return ☐ Application pending	C Organization's name TENNESSEE PARKS AND GREENWAYS FOUNDATION 117 30TH AVENUE SOUTH NASHVILLE, TN 37212 F Name and address of principal officer: KATHLEEN WILLIAMS SAME AS C ABOVE I Tax exempt status: ☒ 501(c)(3) ☐ 501(c)(6) ☐ 501(c)(29) ☐ 501(c)(28) ☐ 501(c)(27) ☐ 501(c)(26) ☐ 501(c)(25) ☐ 501(c)(24) ☐ 501(c)(23) ☐ 501(c)(22) ☐ 501(c)(21) ☐ 501(c)(20) ☐ 501(c)(19) ☐ 501(c)(18) ☐ 501(c)(17) ☐ 501(c)(16) ☐ 501(c)(15) ☐ 501(c)(14) ☐ 501(c)(13) ☐ 501(c)(12) ☐ 501(c)(11) ☐ 501(c)(10) ☐ 501(c)(9) ☐ 501(c)(8) ☐ 501(c)(7) ☐ 501(c)(6) ☐ 501(c)(5) ☐ 501(c)(4) ☐ 501(c)(3) ☐ 501(c)(2) ☐ 501(c)(1)
D Employer identification number: 62-1557574 E Telephone number: (615) 329-4441 G Grants received: 0 1,734,653	
H Is this a group return for subsidiaries? ☐ Yes ☒ No I Are all subsidiaries included? ☐ Yes ☒ No J Website: WWW.TENNGREEN.ORG K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of formation: 1997 M State of legal domicile: TN	

Part I Summary		
1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PRIMARY MISSION IS TO PRESERVE AND SUPPORT PARKS, GREENWAYS, AND OPEN SPACES IN TENNESSEE.		
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3 Number of voting members of the governing body (Part VII, line 1a) 3 26		
4 Number of independent voting members of the governing body (Part VII, line 1b) 4 26		
5 Total number of individuals employed in calendar year 2014 (Part V, line 2c) 5 11		
6 Total number of volunteers (estimate if necessary) 6 50		
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0		
b Net unrelated business taxable income from Form 990-T, line 34 7b 0		
Revenue	8 Contributions and grants (Part VIII, line 10) 8 581,708 1,155,002	Prior Year Current Year
	9 Program service revenue (Part VIII, line 2g) 9 3,459 3,811	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7c) 10 -222,690 -23,976	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 7,418 -3,014	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 370,095 1,131,823	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13	
	14 Benefits paid to or for members (Part IX, column (A), line 4) 14	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 377,500 441,364	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a	
	b Total fundraising expenses (Part IX, column (C), line 25) 95,687	
17 Other expenses (Part IX, column (A), lines 11a-11d, 13-24e) 17 244,252 247,902		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 623,752 689,266		
19 Revenue less expenses. Subtract line 18 from line 12 19 -253,657 442,557		
Net Assets or Fund Balances	20 Total assets (Part X, line 1b) 20 2,812,966 3,242,164	Beginning of Current Year End of Year
	21 Total liabilities (Part X, line 2b) 21 256,652 245,763	
	22 Net assets or fund balances. Subtract line 21 from line 20 22 2,556,314 2,996,401	

Part II Signature Block			
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.			
Sign Here	Signature of officer		Date
	KATHLEEN WILLIAMS		EXECUTIVE DIR.
Paid Preparer Use Only	Print preparer's name	Preparer's signature	Date
	SARAH HARDEE, CPA		
	Firm's name	Firm's EIN	PTIN
	PATTERSON, HARDEE & BALLENTINE PC	45-0784806	P00546174
	Firm's address	Phone no.	
	1889 GENERAL GEORGE PATTON DR. SUITE #200	(615) 750-5537	
	FRANKLIN, TN 37067		
May the IRS discuss this return with the preparer shown above? (see instructions)			
☒ Yes ☐ No			

Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

- 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 512,452, including grants of \$) (Revenue \$)

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

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 • 512,452.

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	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(6), 501(c)(5), or 501(c)(29) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	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	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b	X
c 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	11c	X
d 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	11d	X
e Did the organization report an amount for other liabilities in Part X, line 20? If 'Yes,' complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FASB ASC 740? If 'Yes,' complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	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	18	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	19	X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 11? If "Yes," complete Schedule I, Parts I and II.		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	X	
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 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? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 17b and 19?		
Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable.	1 a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	
2 a 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.	2 a	11
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2 b	X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O.	3 b	
4 a 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)? b If 'Yes,' enter the name of the foreign country: *	4 a	X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
6 a 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 as charitable contributions?	6 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
d If 'Yes,' indicate the number of Form 8282 filed during the year.	7 d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders.	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	
13 Section 501(c)(23) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13 a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b	
c Enter the amount of reserves on hand.	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b	

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.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	26	
b Enter the number of voting members included in line 1a, above, who are independent.	26	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 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
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. SEE SCHEDULE O	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	15a	X
b Other officers or key employees of the organization. SEE SCHEDULE O	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed • NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made them available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records •

KATHLEEN WILLIAMS 117 30TH AVENUE SOUTH NASHVILLE TN 37212 615-329-4441

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (Do not check this box if the person is an officer or director)	(C) Person (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (see 2014 Form 1099-MISC)	(E) Reportable compensation from related organizations (see 2014 Form 1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director/Trustee	Key Employee	Highest Compensated Employee	Former				
(1) NEAL APPELBAUM DIRECTOR	0		X					0.	0.	0.
(2) SHIRLEY CALDWELL-PATTERSON DIRECTOR	0		X					0.	0.	0.
(3) RYAN BAILEY DIRECTOR	0		X					0.	0.	0.
(4) BRENDA CARDWELL DIRECTOR	0		X					0.	0.	0.
(5) DWIGHT BARNETT DIRECTOR	0		X					0.	0.	0.
(6) BOSS CARINELL DIRECTOR	0		X					0.	0.	0.
(7) FOUNT RESTRAM DIRECTOR	0		X					0.	0.	0.
(8) ED CARTER DIRECTOR	0		X					0.	0.	0.
(9) PENNY BROOKS DIRECTOR	0		X					0.	0.	0.
(10) RUSS COOK DIRECTOR	0		X					0.	0.	0.
(11) JIM BROWN DIRECTOR	0		X					0.	0.	0.
(12) MARY ANN CRONE DIRECTOR	0		X					0.	0.	0.
(13) BILL BRUCE DIRECTOR	0		X					0.	0.	0.
(14) BESSIE DAVIS DIRECTOR	0		X					0.	0.	0.

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

(A) Name and title	(B) Average amount per year (do not include for related organizations from related tax-exempt organizations)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (do not include amounts for 2013-2014)	(E) Reportable compensation from related organizations (do not include amounts for 2013-2014)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Officer and director/trustee	Officer and key employee	Officer and trustee			
(15) MARY LYNN DOBSON REGIONAL VP	0		X		X				0.	0.	0.
(16) JIM EMISON REGIONAL VP	0		X		X				0.	0.	0.
(17) JOHN FENDERSON DIRECTOR	0		X						0.	0.	0.
(18) JANIE FINCH DIRECTOR	0		X						0.	0.	0.
(19) BIL FINCH DIRECTOR	0		X						0.	0.	0.
(20) MARK FLY DIRECTOR	0		X						0.	0.	0.
(21) MARK FRALEY DIRECTOR	0		X						0.	0.	0.
(22) ELAINE GORDON DIRECTOR	0		X						0.	0.	0.
(23) TRE HARGETT DIRECTOR	0		X						0.	0.	0.
(24) BETH HARBELL DIRECTOR	0		X						0.	0.	0.
(25) RANDY HEDGEPAATH DIRECTOR	0		X						0.	0.	0.
1 b Sub-total									0.	0.	0.
c Total from continuation sheets to Part VII, Section A									65,185.	0.	0.
d Total (add lines 1b and 1c)									65,185.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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
3		X
4		X
5		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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

2014

Department of the Treasury
Internal Revenue Service

Name of the Organization

TENNESSEE PARKS AND GREENWAYS FOUNDATION

Employer identification number

62-1557574

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and
Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (not any hours for related organizations from which (B)(6) is derived)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (in 2014 dollars)	(E) Reportable compensation from related organizations (in 2014 dollars)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highly compensated employee	Subsidiary	Public			
FRANK HENSLEY	0										
DIRECTOR	0	X							0.	0.	0.
ROB KARNIGSKY	0										
DIRECTOR	0	X							0.	0.	0.
JEFF KING	0										
DIRECTOR	0	X							0.	0.	0.
ROBERT MCCALES	0										
DIRECTOR	0	X							0.	0.	0.
JAMES LARKINS	0										
DIRECTOR	0	X							0.	0.	0.
PHILLIP MILLER	0										
DIRECTOR	0	X							0.	0.	0.
GARY MOORE	0										
DIRECTOR	0	X							0.	0.	0.
DAVID LILLARD JR	0										
DIRECTOR	0	X							0.	0.	0.
SHARON MOORE	0										
DIRECTOR	0	X							0.	0.	0.
GORDON MARTIN	0										
DIRECTOR	0	X							0.	0.	0.
PATRICK MORALES	0										
DIRECTOR	0	X							0.	0.	0.
MARY MASTIN	0										
DIRECTOR	0	X							0.	0.	0.
GARY MYERS	0										
DIRECTOR	0	X							0.	0.	0.
SCOTT F MAY SR	0										
DIRECTOR	0	X							0.	0.	0.
DOYLE NEWSBURY	0										
SECRETARY	0	X		X					0.	0.	0.
JOHN NOEL III	0										
EXECUTIVE VP	0	X							0.	0.	0.
P ROBERT PHILP JR	0										
DIRECTOR	0	X		X					0.	0.	0.
SAM POWELL	0										
DIRECTOR	0	X							0.	0.	0.
RON RAMSEY	0										
DIRECTOR	0	X							0.	0.	0.
KEVIN RAYBURN	0										
DIRECTOR	0	X							0.	0.	0.
BILL REAVES	0										
DIRECTOR	0	X							0.	0.	0.

Form 990 Cont 2014

2014

Department of the Treasury
Internal Revenue Service

Name of the Organization

TENNESSEE PARKS AND GREENWAYS FOUNDATION

Employer identification number

62-1557574

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (but not more than 52) for related organization (do not include time for other organization)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (do not include salary)	(E) Reportable compensation from related organizations (do not include salary)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee	Former officer, director, trustee, or key employee			
CYRUS RHODE JR. DIRECTOR	0		X					0.	0.	0.
FRANK RICKS DIRECTOR	0		X					0.	0.	0.
AXEL RINGE DIRECTOR	0		X					0.	0.	0.
SAM ROGERS DIRECTOR	0		X					0.	0.	0.
JOE ROYER DIRECTOR	0		X					0.	0.	0.
WAYNE RUSSELL DIRECTOR	0		X					0.	0.	0.
ESTIE SHEAHAN DIRECTOR	0		X					0.	0.	0.
WILL SKELTON DIRECTOR	0		X					0.	0.	0.
ALAN SPARKMAN DIRECTOR	0		X					0.	0.	0.
STEVE STEEDMAN DIRECTOR	0		X					0.	0.	0.
CRAYDON SWISSER DIRECTOR	0		X					0.	0.	0.
ANN TIDWELL TREASURER	0		X		X			0.	0.	0.
CHARLES THOST DIRECTOR	0		X					0.	0.	0.
BOB TUKE REGIONAL VP	0		X		X			0.	0.	0.
ANDY WALKER DIRECTOR	0		X					0.	0.	0.
GREG WATHEN DIRECTOR	0		X					0.	0.	0.
MELINDA WELTON DIRECTOR	0		X					0.	0.	0.
KATHELEEN WILLIAMS EXECUTIVE DIR.	40		X		X			65,185.	0.	0.
CHUCK WOMACK CHAIRMAN	0		X		X			0.	0.	0.

Part VII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns				
	1b	Membership dues				
	1c	Fundraising events	70,814.			
	1d	Related organizations				
	1e	Government grants (contributions)				
	1f	All other contributions, gifts, grants, and similar amounts not included above	1,084,188.			
	1g	For each contribution included in lines 1a-1f: \$	472,144.			
	1h	Total. Add lines 1a-1f	1,155,002.			
Program Service Revenue	2a	SOLAR ARRAY INCOME	3,811.	3,811.		
	2b					
	2c					
	2d					
	2e					
	2f	All other program service revenue				
	2g	Total. Add lines 2a-2f	3,811.			
	3	Investment income (including dividends, interest and other similar amounts)	5,610.			5,610.
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
Other Revenue	6a	Gross rents	15,586.			
	6b	Less: rental expenses	9,055.			
	6c	Rental income or (loss)	6,531.			
	6d	Net rental income or (loss)	6,531.	6,531.		
	7a	Gross amount from sales of assets other than inventory	1,551.	553,093.		
	7b	Less: cost or other basis and sales expenses		584,210.		
	7c	Gain or (loss)	1,551.	-31,137.		
	7d	Net gain or (loss)	-29,586.	-29,586.		
	8a	Gross income from fundraising events (not including \$70,814. of contributions reported on line 1c). See Part IV, line 18				
	8b	Less: direct expenses	9,545.			
	8c	Net income or (loss) from fundraising events	-9,545.			
	9a	Gross income from gaming activities. See Part IV, line 19				
9b	Less: direct expenses					
9c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances					
10b	Less: cost of goods sold					
10c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue						
11a						
11b						
11c						
11d	All other revenue					
11e	Total. Add lines 11a-11d					
12	Total revenue. See instructions	1,131,823.	-19,244.	0.	5,610.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(29) organizations must complete all columns. All other organizations must complete column (A).

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

☒ X

Do not include amounts reported on lines 5b, 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 domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	65,185.	46,933.	8,474.	9,778.
6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	305,328.	219,816.	39,693.	45,799.
8 Pension plan accruals and contributions (include section 401(a) and 408(a) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	70,851.	51,012.	9,211.	10,628.
11 Fees for services (non-employees):				
a Management.	1,600.	907.	693.	
b Legal.				
c Accounting.	8,450.		8,450.	
d Lobbying.				
e Professional fundraising servcs. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g and exceeds 10% of line 25, column (A) amount, list line 11g expenses in Schedule O.)				
12 Advertising and promotion.				
13 Office expenses.	9,899.	7,127.	1,287.	1,485.
14 Information technology.	8,634.	6,217.	1,122.	1,295.
15 Royalties.				
16 Occupancy.	4,870.	3,506.	633.	731.
17 Travel.	7,373.	5,309.	958.	1,106.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	4,734.	4,734.		
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	5,946.	2,378.	2,379.	1,189.
23 Insurance.	6,783.	5,630.	1,153.	
24 Other expenses. Itemize expenses not covered above (list miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LAND PROTECTION	62,084.	62,084.		
b POSTAGE AND SHIPPING	16,352.	3,320.	1,106.	11,926.
c LICENSE AND FEES	11,459.	7,792.	3,667.	
d SEC	11,497.	11,497.		
e All other expenses. SEE SCH. O	88,311.	74,260.	2,301.	11,750.
25 Total functional expenses. Add lines 1 through 24e.	689,266.	512,452.	81,127.	95,687.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 96-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	1,213,313.	1	904,768.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	12,181.	3	15,024.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(1)), persons described in section 4958(c)(2)(B), and contributing employers and sponsoring organizations of section 501(c)(29) voluntary employees' beneficiary organizations (see instructions). 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		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 2,326,671.		
b Less: accumulated depreciation	10b 26,267.	1,528,998.	10c	2,300,404.
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.	58,474.	15	21,968.	
16 Total assets. Add lines 1 through 15 (must equal line 34).	2,812,966.	16	3,242,164.	
Liabilities	17 Accounts payable and accrued expenses		17	20,763.
	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 Loans and other 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	256,652.	23	225,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25.	256,652.	26	245,763.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,795,676.	27	2,653,212.
	28 Temporarily restricted net assets	708,597.	28	265,874.
	29 Permanently restricted net assets	52,041.	29	77,315.
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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.	2,556,314.	33	2,996,401.
	34 Total liabilities and net assets/fund balances.	2,812,966.	34	3,242,164.

EAA

Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VII, column (A), line 12)	1	1,131,823.
2	Total expenses (must equal Part IX, column (A), line 25)	2	689,266.
3	Revenue less expenses. Subtract line 2 from line 1	3	442,557.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,556,314.
5	Net unrealized gains (losses) on investments	5	-2,549.
6	Donated services and use of facilities	6	-12,199.
7	Investment expenses	7	304.
8	Prior period adjustments	8	12,900.
9	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	74.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,996,401.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
2c 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.	X	
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?		X
3b 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.		

BAA

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 • Attach to Form 990 or Form 990-EZ.
 • Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

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

Part I Reason for Public Charity Status. (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 III.)
- 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 III.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vii). (Complete Part III.)
- 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 in lines 11a through 11e that describes the type of supporting organization and complete lines 11f, 11g, and 11h.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

11b Name of supported organization	11c EIN	11d Type of organization (describe on lines 11f above or IRC section (see instructions))	11e Is the organization listed in your governing document?		11f Amount of monetary support (see instructions)	11g Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) *	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	770,729.	964,256.	760,745.	581,708.	1,155,002.	4,232,440.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	770,729.	964,256.	760,745.	581,708.	1,155,002.	4,232,440.
5 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)						0.
6 Public support. Subtract line 5 from line 4						4,232,440.

Section B. Total Support

Calendar year (or fiscal year beginning in) *	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	770,729.	964,256.	760,745.	581,708.	1,155,002.	4,232,440.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,976.	8,442.	8,004.	11,272.	5,610.	49,304.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						4,281,744.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	98.85%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	98.42%
16a 33-1/3% support test - 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒		
b 33-1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐		
17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ☐		
b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐		

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal yr. beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1. Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.")						
2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3. Gross receipts from activities that are not an unrelated trade or business under section 513.						
4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5. The value of services or facilities furnished by a governmental unit to the organization without charge.						
6. Total. Add lines 1 through 5.						
7a. Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c. Add lines 7a and 7b.						
8. Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr. beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9. Amounts from line 6.						
10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c. Add lines 10a and 10b.						
11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12. Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)						
13. Total support. (Add lines 9, 10c, 11 and 12.)						
14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15. Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)).	15	%
16. Public support percentage from 2013 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17. Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)).	17	%
18. Investment income percentage from 2013 Schedule A, Part III, line 17.	18	%

19a. **33-1/3% support tests - 2014.** 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 - 2013.** 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. ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a. Was any supported organization not organized in the United States (foreign supported organization)? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below. Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c. Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b. Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c. Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a. Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type II non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify these supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	

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

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

Section A – Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B – Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

BAA

Schedule A (Form 990 or 990-EZ) 2014

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes.	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations.	
4 Amounts paid to acquire exempt-use assets.	
5 Qualified set-aside amounts (prior IRS approval required).	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to alternative supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6.	
10 Line 9 amount divided by Line 9 amount.	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6.			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions).			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013:			
f Total of lines 3a through e.			
g Applied to underdistributions of prior years.			
h Applied to 2014 distributable amount.			
i Carryover from 2009 not applied (see instructions).			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years.			
b Applied to 2014 distributable amount.			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013.			
e Excess from 2014.			

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (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, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2014

Name of the organization

TENNESSEE PARKS AND GREENWAYS FOUNDATION

Employer identification number

62-1557574

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☒ 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) 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)(7)(A)(iv), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year. **▶** 0

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2014) or 990-PF.

Name of organization

Employer identification number

TENNESSEE PARKS AND GREENWAYS FOUNDATION

62-1557574

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	[REDACTED]	\$ 25,287	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2	[REDACTED]	\$ 24,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	[REDACTED]	\$ 155,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	[REDACTED]	\$ 40,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	[REDACTED]	\$ 32,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	[REDACTED]	\$ 400,000	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

TENNESSEE PARKS AND GREENWAYS FOUNDATION

62-1557574

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	STOCK	\$ 25,287	
6	LAND GIFT	\$ 400,000	11/03/14
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 • Attach to Form 990.
 • Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

TENNESSEE PARKS AND GREENWAYS FOUNDATION

62-1557574

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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ 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?		☐ Yes ☐ 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):

☒ Preservation of land for public use (e.g., recreation or education) ☒ Preservation of a historically important land area

☒ Protection of natural habitat ☐ Preservation of a certified historic structure

☒ 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 26
b Total acreage restricted by conservation easements	2b 5,364
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 5/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year: 2 SEE PART XIII

4 Number of states where property subject to conservation easement is located: 2

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? SEE PART XIII ☒ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year: 120

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year: \$ 1,670.

8 Does each conservation easement reported on line 2(c) above satisfy the requirements of section 170(b)(5)(D)(i) and section 170(b)(4)(B)(i)? ☐ Yes ☐ No

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

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.

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

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

(i) Revenue included in Form 990, Part VII, 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 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VII, 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 XIII.
- 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a 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 XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

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
1 a Beginning of year balance	193,232.	193,232.	173,191.	173,191.	153,150.
b Contributions			20,041.		20,041.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	193,232.	193,232.	193,232.	173,191.	173,191.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐
- b Permanent endowment ☐
- c Temporarily restricted endowment ☐
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

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

4 Describe in Part XIII the intended uses of the organization's endowment funds. **SEE PART XIII**

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		2,226,840.		2,226,840.
b Buildings		71,077.	5,010.	66,067.
c Leasehold improvements				
d Equipment		28,754.	21,257.	7,497.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (d), line 10.)				2,300,404.

BAA

Schedule D (Form 990) 2014

Part VII Investments – Other Securities.

N/A

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
Total. (Column (b) must equal Form 990, Part X, column (b) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
Total. (Column (b) must equal Form 990, Part X, column (b) line 13.)		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	
(16)	
(17)	
(18)	
(19)	
(20)	
Total. (Column (b) must equal Form 990, Part X, column (b) line 15.)	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	
(16)	
(17)	
(18)	
(19)	
(20)	
Total. (Column (b) must equal Form 990, Part X, column (b) line 25.)	

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

SEE PART XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,154,313.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-2,649.	
	b Donated services and use of facilities	2b	7,365.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	17,774.	
	e Add lines 2a through 2d		2e	22,490.
3	Subtract line 2e from line 1		3	1,131,823.
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 XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,131,823.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	726,226.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	19,564.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	17,396.	
	e Add lines 2a through 2d		2e	36,960.
3	Subtract line 2e from line 1		3	689,266.
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 XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	689,266.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 3 - EXPLANATION OF EACH EASEMENT CHANGE

1. BLACKBURN FORK CONSERVATION EASEMENT: WE TOOK OWNERSHIP OF THE FEE LAND AND WAS THE HOLDER OF THE EASEMENT. TO PREVENT MERGER OF TITLE, THE EASEMENT WAS AMENDED TO ADD A CO-HOLDER OF FOOTHILLS LAND CONSERVANCY. AT THE SAME TIME, RESTRICTIONS WERE TIGHTENED PRIOR TO TRANSFERRING THE LAND TO THE TENNESSEE WILDLIFE RESOURCES AGENCY, REGISTERED IN THE JACKSON COUNTY REGISTER OF DEEDS: 11/08/2014.

2. KINGSTREE CONSERVATION EASEMENT: THE EASEMENT INCORRECTLY LISTED THE ROAD AS

Part XIII Supplemental Information (continued)**PART II, LINE 3 - EXPLANATION OF EACH EASEMENT CHANGE (CONTINUED)**

BEING "NORTH" OR BEARD'S BRANCH, THE EASEMENT WAS AMENDED TO CORRECT THIS MISTAKE AND CHANGE THE WORD TO "SOUTH." ADDITIONALLY, AN EXHIBIT B PLAT WAS ADDED TO THE EASEMENT VIA THE AMENDMENT.

PART II, LINE 5 - SUMMARIZED POLICY

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

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

THE ORGANIZATION RECEIVES DONATIONS OF CONSERVATION EASEMENTS. A QUALIFIED CONSERVATION EASEMENT IS A RESTRICTION (THAT IS GRANTED IN PERPETUITY) ON THE USE OF LAND GRANTED TO A CHARITY EXCLUSIVELY FOR CONSERVATION PURPOSES. THE FINANCIAL STATEMENTS DO NOT REFLECT THEIR VALUE, BUT APPROXIMATELY 5,364.18 ACRES ARE CURRENTLY PROTECTED WITH AN APPRAISED VALUE AT THE DATE OF DONATION OF \$19,659,794.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE FOUNDATION'S BOARD OF DIRECTORS ADOPTED AN ENDOWMENT GOAL OF \$10,000 PER EASEMENT PROPERTY AT INCEPTION OF THE PROGRAM IN 1999. THIS GOAL IS EVALUATED WITH THE ACCEPTANCE OF EACH EASEMENT ON A CASE-BY-CASE BASIS BUT NOT BELOW A MINIMUM OF \$5,000 PER EASEMENT PROJECT. IF ENDOWMENT FUNDS ARE NOT SECURED AT OR BY THE COMPLETION OF THE TRANSACTION, THE FOUNDATION HAS A PLAN TO SECURE THESE FUNDS AND HAS A POLICY COMMITTING THE FUNDS TO THIS PURPOSE. THE FOUNDATION'S CONSERVATION EASEMENTS PROVIDE GUIDANCE FOR ARBITRATION AND VIOLATION ENFORCEMENT. HOWEVER, SHOULD LEGAL ENFORCEMENT BE REQUIRED, THE FULL BOARD OF DIRECTORS WILL APPROVE THE PROCESS AND BUDGET. RESTRICTED ACCOUNTS ARE ESTABLISHED FOR EACH EASEMENT AND REFLECTED ON THE MONTHLY BALANCE SHEET AND REPORTED TO THE BOARD.

NOTE: CONTRIBUTION TO AN ENDOWMENT FUND IS NOT REQUIRED. THE LAND GIFT IS THE REAL GIFT TO CONSERVATION AND STEWARDSHIP FUNDING IS SOUGHT FROM GENERAL MEMBERSHIP OR

Part XIII Supplemental information (continued)**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)**

BEQUESTS.

PART X - FIN 48 FOOTNOTE

WE ARE A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND ARE CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR FEDERAL INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. WE DO NOT BELIEVE THERE ARE ANY UNCERTAIN TAX POSITIONS. FURTHER, WE DO NOT BELIEVE THAT WE HAVE ANY UNRELATED BUSINESS INCOME, WHICH WOULD BE SUBJECT TO FEDERAL TAXES. WE ARE NOT SUBJECT TO EXAMINATION BY U.S. FEDERAL OR STATE TAXING AUTHORITIES FOR YEARS BEFORE 2011.

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

COMMUNITY FND EXP RECORDED ON FUNCT EXP	\$	-826.
FUNDRAISING EXP RECORDED ON STMT OF REV		9,545.
RENTAL EXPENSE RECORDED ON STMT OF REV		9,055.
TOTAL	\$	17,774.

SCHEDULE D, PART XII, LINE 2D**OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FUNDRAISING EXP RECORDED ON STMT OF REV	\$	9,545.
PROFESSIONAL FEES RECORDED ON FUNCT EXP		-304.
RENTAL EXPENSE RECORDED ON STMT OF REV		9,055.
SPC GRANTS RECORDED ON FUNCTIONAL EXP		-900.
TOTAL	\$	17,396.

SCHEDULE G
(Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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 4a.

• Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

 Open to Public
 Inspection

Name of the organization

TENNESSEE PARKS AND GREENWAYS FOUNDATION

Employer identification number

62-1557574

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

2a 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						\$

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

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

		(a) Event #1 <u>SUNSET ON SCOT</u> (event type)	(b) Event #2 <u>COCKTAILS AND</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add column (a) through column (c))
GROSS RECEIPTS	1 Gross receipts	58,914.	11,900.		70,814.
	2 Less: Contributions	58,914.	11,900.		70,814.
	3 Gross income (line 1 minus line 2)				
EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		391.		391.
	8 Entertainment		450.		450.
	9 Other direct expenses	3,628.	5,076.		8,704.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				9,545.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-9,545.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
GROSS REVENUE	1 Gross revenue				
	2 Cash prizes				
EXPENSES	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
LABOR	6 Volunteer labor	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility

13a %

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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 ▶ \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iv) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE L
(Form 990 or 990-EZ)**Transactions With Interested Persons**

OMB No. 1545-0047

2014Department of the Treasury
Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
• Attach to Form 990 or Form 990-EZ.
• Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public
Inspection

Name of the organization

TENNESSEE PARKS AND GREENWAYS FOUNDATION

Employer identification number

62-1557574

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ 03 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ 0**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ 0						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2014

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Did any of the organization's officers?	
				Yes	No
(1) DOYLE NEWBURY	DIRECTOR	269,500.	LAND PURCHASE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION

WE PURCHASED 43 ACRES AT POGUE CREEK CANYON IN FENTRESS COUNTY FROM DOYLE NEWBURY (BOARD MEMBER) AND HIS PARTNER RON BICKMESE IN DECEMBER 2014 FOR \$269,500. WE PURCHASED THE TRACT TO SELL TO THE TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION (TDEC) AS AN ADDITION TO POGUE CREEK CANYON.

SCHEDULE M
(Form 990)
Noncash Contributions

OMB No. 1545-0047

2014

 Department of the Treasury
 Internal Revenue Service

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

Employer identification number

TENNESSEE PARKS AND GREENWAYS FOUNDATION

62-1557574

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	4	55,054.	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	X	1	400,000.	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other — (SPECIAL EVENT)		10	17,090.	FMV
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 Acknowledgement

29

	Yes	No
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?		X
b If "Yes," describe the arrangement in Part III.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part III.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part III.		

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

Schedule M (Form 990) (2014)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2014

Open to Public
Inspection

TENNESSEE PARKS AND GREENWAYS FOUNDATION

Employer identification number

62-1557574

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION OF THIS ORGANIZATION IS TO IDENTIFY, PRESERVE AND PROTECT THE
ECOLOGOCALLY-RICH, HISTORICALLY-SIGNIFICANT AND INCREDIBLY BEAUTIFUL PLACES IN
TENNESSEE IN ORDER TO PROTECT WILDLIFE, IMPROVE WATER AND AIR QUALITY, PROVIDE
CLOSE-TO-HOME RECREATION OPPORTUNITIES AND CREATE SUSTAINABLE COMMUNITIES AND
REGIONS.

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

THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 BEFORE SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

PERSONS EMPLOYED BY THE TENNESSEE PARKS AND GREENWAYS FOUNDATION IN PART-TIME OR
FULL-TIME CAPACITY, EXCEPT THOSE PERSONS IN NON-EXEMPT POSITIONS, WILL RECEIVE A
SALARY NEGOTIATED AT THE TIME OF RECRUITMENT THAT WILL NOT BE BASED UPON AN HOURLY
WAGE.

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

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

Name of the organization

TENNESSEE PARKS AND GREENWAYS FOUNDATION

Employer identification number

62-1557574

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

THE EXECUTIVE DIRECTOR REVIEWS EACH EMPLOYEES' COMPENSATION AND THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION.

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

THE TENNESSEE PARKS AND GREENWAYS FOUNDATION IS COMMITTED TO OPERATING IN ETHICAL, LEGAL AND TECHNICALLY SOUND MANNER TO ENSURE LONG-TERM PROTECTION OF THE LAND IN PUBLIC INTEREST. OUR ENTIRE STANDARDS AND PRACTICES MANUAL IS AVAILABLE FOR DOWNLOAD ON OUR WEBSITE. IN ADDITION, OUR PROFILE ON GIVINGMATTERS.COM AND GUIDSTAR.ORG WEBSITES INCLUDES FINANCIAL STATEMENT. OUR GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE BY REQUEST.

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AMBASSADOR PROGRAM	317.	317.		
ANNUAL REPORT	4,740.	4,740.		
APPRAISALS	3,500.	3,500.		
BAD DEBTS	9,407.	3,278.		6,129.
BOARD EXPENSES	1,300.	1,170.	65.	65.
DONOR EDUCATION	7,210.	5,768.		1,442.
EVENTS	10,315.	10,315.		
FOREVER GREEN	5,642.	5,642.		
MAINTENANCE	1,330.	665.	665.	
MEMBERSHIPS	3,690.	3,358.		332.
MID-SOUTH GREENWAYS	2,300.	2,300.		
MISSISSIPPI RIVER	5,415.	5,415.		
MONITORING	1,670.	1,670.		
PRINTING AND PUBLICATIONS	7,943.	4,949.	520.	2,474.
PROPERTY TAX	3,628.	3,628.		
TELEPHONE	7,290.	5,248.	948.	1,094.
TEMPORARY STAFFING	8,340.	8,340.		
VEHICLE	2,075.	1,868.	103.	104.
WEBSITE	2,199.	2,089.		110.
TOTAL	\$ 88,311.	\$ 74,260.	\$ 2,301.	\$ 11,750.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

TOTAL \$ 74.
\$ 74.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **A**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	TENNESSEE PARKS AND GREENWAYS FOUNDATION	62-1557574
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. P.O. Box, see instructions.	Social security number (SSN)
	PATTERSON, HARDEE & BALLENTINE PC 1889 GENERAL GEORGE PATTON DR., SUITE #200 City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FRANKLIN, TN 37067	

Enter the Return code for the return that this application is for (file a separate application for each return)

☒ **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of • KATHLEEN WILLIAMS
Telephone No. • 615-329-5441 Fax No. • _____
- If the organization does not have an office or place of business in the United States, check this box ☐ **B**
- 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 is for.

- 4 I request an additional 3-month extension of time until 11/15, 2015.
- 5 For calendar year 2014, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension: THE ORGANIZATION'S BOARD IN CHARGE OF REVIEWING AND APPROVING THE 990 HAS NOT APPROVED THE 990. PENDING ADDITIONAL REQUESTED INFORMATION.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature • _____ Title • EXECUTIVE DIR. Date • _____
BAA Form 8868 (Rev. 1-2014)