



State of Tennessee  
312 Rosa L. Parks Avenue, 8th Floor  
Nashville, Tennessee 37243  
615-741-2555

**ORIGINAL**

WARNING: False or misleading statements  
Subject to maximum \$5,000 civil penalty. T.C.A. §48-101-514

**APPLICATION TO RENEW REGISTRATION  
OF A CHARITABLE ORGANIZATION**

**INSTRUCTIONS:** Please type or print all items on this form which are applicable to your organization. If you are unable to answer in the space provided, you may attach additional sheets. **Indicate that an item does not apply by placing N/A by its number.**

The amount of the filing fee is as follows:

Organization's Gross Revenue	Filing Fee
\$0-\$48,999.99 .....	\$100.00
\$49,000.00-\$99,999.99 .....	\$150.00
\$100,000.00-\$249,999.99 .....	\$200.00
\$250,000.00-\$499,999.99 .....	\$250.00
\$500,000.00-ABOVE .....	\$300.00

For Office Use Only	
Reg. No.	Date Received
Exp. Date	
Fee Paid	

A **NONREFUNDABLE** registration fee must accompany this application.

1. Name of the organization: Greenways for Nashville, Inc.  
If name has changed, please indicate: N/A  
FEIN: 62-1570596 Accounting period end date: June 30, 2010  
Month Day Year  
Has the accounting period changed since your last registration? Yes ☐ No ☒ If yes, please indicate: \_\_\_\_\_
2. Do you solicit contributions under any other name(s)? Yes ☐ No ☒  
If yes, list names used and attach any documents authorizing such use. \_\_\_\_\_
- 3A. Principal Office Address or, if no office is maintained, Name and Address of Person Having Custody of Financial Records:  
Name: Renee Bates Address: 511 Oman Street  
City: Nashville State: TN Zip Code: 37203  
Has principal address changed since last registration? Yes ☐ No ☒
- 3B. Mailing/Contact Address:  
Contact Name/Title: Renee Bates, Executive Coordinator  
Organization Name: Greenways for Nashville, Inc.  
Address: P.O. Box 196340  
City: Nashville State: TN Zip Code: 37219-6340  
Has principal address changed since last registration? Yes ☐ No ☒
4. Telephone Number: (615) 862-8400 Fax Number: (615) 862-8414 Email Address: renee.bates@nashville.gov  
Has information in number 4 changed since last registration? Yes ☐ No ☒  
Telephone Number: ( ) Fax Number: ( ) Email Address: \_\_\_\_\_

5. Have you added any Chapters, Branches or Affiliates in Tennessee since your last registration? No

If yes, list name and address: Not Applicable.

Are you registering and reporting the financial activities of these organizations? Yes \_\_\_ No ☒

(Note: a chapter, branch or affiliate that solicits or receives contributions from any source other than the parent organization or a governmental agency must register independently and pay its own filing fee)

6. Have you amended the organization documents submitted with your last registration? Yes \_\_\_ No ☒  
If yes, attach a copy of the amendment(s)
7. Has the organization obtained tax exemption or has the tax exempt status been revoked by the Internal Revenue Service since your last registration? Yes \_\_\_ No ☒ If granted tax exemption, attach determination letter.
8. Has the organization registered in any other state? Yes \_\_\_ No ☒ If yes, attach a list of other states.
9. Have you been enjoined by any court from soliciting contributions since your last registration? Yes \_\_\_ No ☒  
If yes, attach a copy of the court order.
10. Attach a list of the name, title and address of each officer, director and trustee. (List principal salaried officer first)
11. List the name and address of individual(s) who have final responsibility for the custody of contributions:  
Name: Renee Bates Address: P.O. Box 196340 City: Nashville State: TN Zip Code: 37219
12. List the name and address of individual(s) who have responsibility for the final distribution of contributions:  
Name: Renee Bates Address: P.O. Box 196340 City: Nashville State: TN Zip Code: 37219
13. Has any officer, director, manager, operator or principal of the organization been the subject of an injunction, judgment or administrative order or been convicted of a felony? Yes \_\_\_ No ☒ If yes, attach a detailed explanation.
14. Describe the purpose of the organization: To raise public awareness and private support for building greenways throughout Davidson County, Tennessee.
15. If your organization contracts with or otherwise engages the services of any outside fund-raising professional (such as a "professional fund-raiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer"), attach a list including their names, addresses (street and P.O.), telephone numbers, and location of offices used to perform work on behalf of the organization. Additionally, submit a true copy of any contract with the listed entity.

**This document must be signed by two authorized officers, one of whom shall be the Chief Fiscal Officer.** I certify that the statements in this registration statement and all supplemental forms, documents and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: E Renee Bates

Print Name: E Renee Bates

Title: Executive Coordinator

Date: 1/11/11

Signature of Authorized Officer: Sam Davis

Print Name: Sam Davis

Title: Treasurer

Date: 1/11/11

**BOARD OF DIRECTORS  
GREENWAYS FOR NASHVILLE  
06/30/2010**

**EILEEN BEEHAN**

614 Fatherland Street  
Nashville, TN 37206-4112  
home: (615) 259-4290  
office: (615) 760-4416  
email: etbeehan@aol.com

**ALBERT BERRY**

*Greenways Commission Director*  
533 Lemont Drive  
Nashville, TN 37216  
email: berrya2@aol.com

**ROBERT S. BRANDT**

*Greenways Commission Member*  
Trauger, Ney & Tuke  
222 Fourth Ave No  
Nashville TN 37219-2117  
office: (615) 256-8585  
home: (615) 292-1775  
email: rsbrandt@tntlaw.net

**ELIZA BRUNSON**

*Greenways Commission Member*  
129 Page Road  
Nashville, TN 37205  
home: (615) 353-2811  
email: elizabrunson@mac.com

**MARTHA COOPER**

2319 Woodmont Blvd.  
Nashville, TN 37215  
home: (615) 297-2566  
email: mbhcooper@aol.com

**ANNE DAVIS**

3420 Hampton Avenue  
Nashville, TN 37215  
home: (615) 383-7276  
email: deltaanne@comcast.net

**SAM DAVIS, Treasurer**

519 Skyview Drive  
Nashville, TN 37206  
office: 615.298.8016  
cell: 615.512.5514  
email: sdavis@tbhglobalasset.com

**SHAIN DENNISON** *Ex-Officio*

***Greenways Commission Director***  
Metro Parks and Recreation  
PO Box 196340  
Nashville TN 37219-6340  
office: (615) 862-8400  
home: (615) 889-2071  
email: shain.dennison@nashville.gov

**MARK DEUTSCHMANN**

Village Real Estate Services  
2206 21<sup>st</sup> Avenue S, Suite 200  
Nashville, TN 37212-4922  
home: (615) 383-7630  
office: (615) 383-6964  
email: markd@villagerealestate.com

**SANDRA DUNCAN**

Metro Arts Commission  
P.O. Box 196300  
Nashville, TN 37219-6300  
office: (615) 862-6732  
fax: (615) 862-6731  
home: (615) 297-0467  
email: sandra.duncan@nashville.gov

**JIM KELLEY, President**

Neal & Harwell, PLC  
2000 One Nashville Place  
Nashville, TN 37219  
office: (615) 238 3520  
fax: (615) 726-0573  
home: (615) 383-3389  
email: jkelley@nealharwell.com

**CHRISTINE KREYLING**

*Greenways Commission Member*  
1201 Holly Street  
Nashville, TN 37206  
home: (615) 262-2893  
email: liliwog@bellsouth.net

**KATHY NEVILL**

4989 John Hager Road  
Hermitage, TN 37076  
office: (615) 834-0123  
email: kathynevill@eftsource.com

**JOHN L. NORRIS**

*Greenways Commission Member*  
 3823 Richland Ave  
 Nashville TN 37205  
 office: (615) 627-3959  
 home: (615) 269-4147  
 cell: (615) 260-8134  
 fax: (615) 383-2595  
 email: john@norrisslaw.net

**PHIL PONDER**

4120 Andrew Jackson Pkwy  
 Hermitage, TN 37076  
 office: (615) 736-5295  
 home: (615) 883-5149  
 cell: (615) 481-4496  
 fax: (615) 883-8246  
 email: panddponder@bellsouth.net

**CELESTE REED**

212 Lauderdale Road  
 Nashville, TN 37205  
 home: (615) 463-7504  
 cell: (615) 430-3638  
 email: celestereed@bellsouth.net

**ANN ROBERTS, Secretary**

210 Jackson Blvd.  
 Nashville, TN 37205  
 home: (615) 292-5963  
 email: avroberts210@comcast.net

**KAY SIMMONS**

3814 Richland Ave  
 Nashville TN 37205  
 office: (615) 226-2202 Kent Creative  
 home: (615) 297-8637  
 cell: (615) 497-8637  
 email: kay.simmons@gmail.com

**STEVE SIRLS**

3710 Westbrook Avenue  
 Nashville, TN 37205  
 home/office: (615) 383-7473  
 cell: (615) 405-5000  
 email: stevesirls@comcast.net

**ANN TIDWELL, Vice President**

*Greenways Commission Chair*  
 306 Mountainside Drive  
 Nashville TN 37215  
 Ann Tidwell con'td  
 home: (615) 665-0025  
 email: anntidwell@aol.com

**PATRICIA TOTTY**

1021 – 31<sup>st</sup> Avenue North  
 Nashville, TN 37209  
 cell: (615) 513-1902  
 email: Patricia.Totty@state.tn.us

**RON TURNER**

*Greenways Commission Member*  
 135 Shenandoah Trail  
 Franklin, TN 37069  
 office: (615) 253-8261  
 cell: (615) 430-6938  
 email: rturn787@comcast.net

**TOMMY LYNCH Ex-Officio**

*Director Metro Parks & Recreation*  
 Centennial Park Office  
 Nashville TN 37201  
 office: (615) 862-8400  
 email: tommy.lynch@nashville.gov

**RENEE BATES, Executive Coordinator**

3809 Princeton Avenue  
 Nashville, TN 37205-2337  
 office: (615) 862-8400  
 fax: (615) 862-8430 or 862-5493  
 home/cell: (615) 642-3007  
 email: renee.bates@nashville.gov

**Greenways for Nashville**


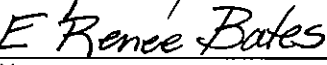
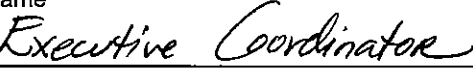
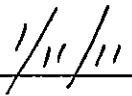
Parks and Recreation Department  
 P.O. Box 196340  
 Nashville, TN 37219-6340  
 -or-  
 511 Oman Street  
 Nashville, TN 37203


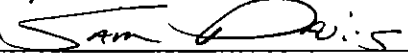
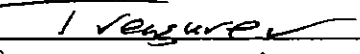
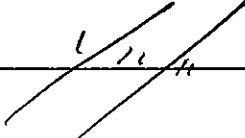
[www.nashville.gov/greenways](http://www.nashville.gov/greenways)  
[www.greenwaysfornashville.org](http://www.greenwaysfornashville.org)



## SIGNATURES

I certify that the information furnished in this summary and all supplemental forms, documents and continuation sheets is true and correct to the best of my knowledge and belief.

  
\_\_\_\_\_  
Signature of Authorized Officer  
  
\_\_\_\_\_  
Print Name  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Authorized Officer  
  
\_\_\_\_\_  
Print Name  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Date

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

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

**2009**Open to Public  
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**GREENWAYS FOR NASHVILLE, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

**P.O. BOX 196340**

City or town, state or country, and ZIP + 4

**NASHVILLE, TN 37219-6340****D** Employer identification number**62-1570596****E** Telephone number**615-862-8400****F** Group Exemption

Number ▶

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

**G** Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶**I** Website: ▶ **WWW.NASHVILLE.GOV/GREENWAYS****H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ **175,719.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	142,927.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	777.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 33,225. of contributions reported on line 1)	6a	32,015.
	b	Less: direct expenses other than fundraising expenses	6b	31,000.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,015.	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	144,719.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	55,414.
	13	Professional fees and other payments to independent contractors	13	2,713.
	14	Occupancy, rent, utilities, and maintenance	14	297.
	15	Printing, publications, postage, and shipping	15	2,268.
	16	Other expenses (describe ▶ SEE STATEMENT 1 )	16	11,748.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	72,440.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	72,279.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	171,209.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	243,488.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	167,199.	22 237,877.
23 Land and buildings		23
24 Other assets (describe ▶ SEE STATEMENT 2 )	56,910.	24 58,511.
25 <b>Total assets</b>	224,109.	25 296,388.
26 <b>Total liabilities</b> (describe ▶ SEE STATEMENT 3 )	52,900.	26 52,900.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	171,209.	27 243,488.





**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 0.; section 4912 0.; section 4955 0.		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. TN		
42a	The organization's books are in care of RENEE BATES Telephone no. 615-862-8400		
	Located at P.O. BOX 196340, NASHVILLE, TN ZIP + 4 37219-6340		
42b	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)?	Yes	No
	If "Yes," enter the name of the foreign country:		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
	and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
			X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46** 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 **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46** **47** **48** **49a** **49b**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **46** **47** **48** **49a** **49b**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **46** **47** **48** **49a** **49b**
- b** If "Yes," was the related organization a section 527 organization? **46** **47** **48** **49a** **49b**
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

- f** Total number of other employees paid over \$100,000 ▶
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
- NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- d** Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer <i>Renee Bates</i>	Date <i>1-10-11</i>	
	RENE E BATES, EXECUTIVE COORDINATOR Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>John M. Mackie, CPA</i>		Date <i>01-07-2011</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 FAULKNER MACKIE & COCHRAN, P.C. 3100 WEST END AVENUE, STE 700 NASHVILLE, TN 37203		Check if self-employed <input type="checkbox"/> Preparer's identifying number (See Instr.) EIN ▶ Phone no. (615) 292-3011

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public  
Inspection**

Name of the organization

GREENWAYS FOR NASHVILLE, INC.

Employer identification number

62-1570596

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	Yes	No
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	45,469.	218,091.	255,485.	90,809.	142,927.	752,781.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	45,469.	218,091.	255,485.	90,809.	142,927.	752,781.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						90,959.
<b>6 Public support.</b> Subtract line 5 from line 4. ....						661,822.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....	45,469.	218,091.	255,485.	90,809.	142,927.	752,781.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2,038.	7,378.	4,402.	2,866.	777.	17,461.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						770,242.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	98,785.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	14	85.92 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	15	82.54 %
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

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

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	<b>18</b>	%
<b>19a 33 1/3% support tests - 2009.</b> 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 ▶ <input type="checkbox"/>		
<b>b 33 1/3% support tests - 2008.</b> 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 ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Department of the Treasury  
Internal Revenue Service

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

# 2009

**Open To Public Inspection**

62-1570596

**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.

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

- ☐
- Yes
- ☐
- No

- [illegible]

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DINNER ON THE BRIDGE (event type)	RICHLAND CREEK RUN (event type)	NONE (total number)	
Revenue	1 Gross receipts .....	42,425.	22,815.		65,240.
	2 Less: Charitable contributions .....	21,425.	11,800.		33,225.
	3 Gross income (line 1 minus line 2) .....	21,000.	11,015.		32,015.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	20,214.	10,786.		31,000.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 31,000 )
	11 Net income summary. Combine line 3, column (d), and line 10 .....				1,015.

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? .....

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? .....

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
9a		
10a		
11		
12		

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

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

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

Name ► .....

Address ► .....

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....

c If "Yes," enter name and address of the third party:

Name ► .....

Address ► .....

**16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

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

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

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



990-EZ

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MEETINGS		1,945.	
FEES AND LICENSES		240.	
OTHER EXPENSES		1,359.	
GREENWAY PROJECT EXPENSES		5,659.	
INSURANCE		1,892.	
OUTREACH AND PROMOTIONAL ITEMS		654.	
TOTAL TO FORM 990-EZ, LINE 16		11,748.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PROMOTIONAL ITEM INVENTORY	4,010.	4,041.	
LAND HELD FOR METRO PARKS	52,900.	52,900.	
OTHER DEPRECIABLE ASSETS	0.	1,570.	
TOTAL TO FORM 990-EZ, LINE 24	56,910.	58,511.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
LAND HELD IN TRUST FOR METRO PARKS	52,900.	52,900.	
TOTAL TO FORM 990-EZ, LINE 26	52,900.	52,900.	

FOOTNOTES	STATEMENT	4
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PART I, LINE 12, SALARIES, OTHER COMPENSATION,  
AND EMPLOYEE BENEFITS

THE AMOUNT REPORTED ON LINE 12 REPRESENTS  
THE SALARY AND RELATED PAYROLL EXPENSES OF THE  
ORGANIZATION'S EXECUTIVE COORDINATOR, AS ALLOCATED  
TO THE ORGANIZATION UNDER AGREEMENT WITH THE INDIVIDUAL'S  
DIRECT EMPLOYER, THE GOVERNMENT OF NASHVILLE AND DAVIDSON  
COUNTY BY AND THROUGH NASHVILLE PARKS AND RECREATION.

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FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	5
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DESCRIPTIONAMOUNT

DEPRECIATION

107.

OTHER EXPENSES

190.

TOTAL TO FORM 990-EZ, LINE 14

297.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE		
			BEN CONTRIB	PLAN	EXPENSE ACCOUNT
EILEEN BEEHAN, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.	0.
ALBERT BERRY, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.	0.
ROBERT BRANDT, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.	0.
ELIZA BRUNSON, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.	0.
MARTHA COOPER, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.	0.
ANNE DAVIS, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.	0.
SAM DAVIS, P.O. BOX 196340, NASHVILLE, TN 37219-6340	TREASURER 1.00	0.	0.	0.	0.
SHAIN DENNISON, P.O. BOX 196340, NASHVILLE, TN 37219-6340	EX-OFFICIO DIRECTOR 0.00	0.	0.	0.	0.
MARK DEUTSCHMANN, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.	0.
SANDRA DUNCAN, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.	0.
JIM KELLEY, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.	0.
CHRISTINE KREYLING, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.	0.
KATHY NEVILL, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.	0.
JOHN L. NORRIS, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.	0.

## GREENWAYS FOR NASHVILLE, INC.

62-1570596

PHIL PONDER, P.O. BOX 196340, NASHVILLE, TN 37219-6340	PRESIDENT 1.00	0.	0.	0.
CELESTE REED, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
ANN ROBERTS, P.O. BOX 196340, NASHVILLE, TN 37219-6340	SECRETARY 1.00	0.	0.	0.
KAY SIMMONS, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
STEVE SIRLS, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
ANN TIDWELL, P.O. BOX 196340, NASHVILLE, TN 37219-6340	VICE PRESIDENT 0.00	0.	0.	0.
PATRICIA TOTTY, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
RON TURNER, P.O. BOX 196340, NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
TOMMY LYNCH, P.O. BOX 196340, NASHVILLE, TN 37219-6340	EX-OFFICIO DIRECTOR 0.00	0.	0.	0.
RENEE BATES, P.O. BOX 196340, NASHVILLE, TN 37219-6340	EXECUTIVE COORDINATOR 32.00	55,414.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		55,414.	0.	0.

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990-EZ PG 2

STATEMENT 8

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TO RAISE PUBLIC AWARENESS AND PRIVATE SUPPORT FOR BUILDING GREENWAYS  
THROUGHOUT DAVIDSON COUNTY, TENNESSEE.