demit From Income Tax Return of Organiz

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

benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Second Complete	,	A F	or the 20	007 calendar year, or tax year beginning JU	JL 1, 2007	and end	ing JUN 30	, 200	8
Section Part			heck if	C Name of organization				D Employe	r identification number
Part Revenue, Expenses, and Charges in Net Assets or Fund Balances Contributions, gifts, gants, and similar arounts received, a Contributions, gifts, gants, and similar arounts received. 2. Pergama and expenses of the contributions (gants) (not moist) (a) 1. 1. 1. 1. 1. 1. 1. 1		aj	pplicable		LE, INC.				
Number and street (or P O box f mails not delivered to street address) Room/suite E1ephone number E1ephone numbe			Address change	print or PARKS AND RECREATION	•			62-	1570596
Controlutions to dinor advasc funds 15			Name	type Number and street (or P.O. box of mail is not	delivered to street address)	Room/suite		
Comparison Co			Initial						
Appendix				Instruc- tions City or town, state or country, and ZIP + 4				F Accounting	method: X Cash Accrual
Control Con			Amende		-6340				
Website: MWW NASHVILIE. COUVY GREENWAYS High Is this a group return for affiliates NA Yes William Wes - tear number of affiliates NA Yes Wes Wes - tear number of affiliates NA Yes Wes - tear numbe			Applicati			sts	H and I are not appl		
G. wbelle: ►WWW. NASHVILLE.GOV/GREENWAYS 40470)(1) or 527				must attach a completed Schedule A (Form 99)) or 990-EZ).				
1		G W	ebsite:	►WWW.NASHVILLE.GOV/GREENV	VAYS	1	• •		
Contributions gits, parent controllations of the programmation of the		J O	rganizat	lan type (check only one) ► X 501(c) (3) (Insert	no) 4947(a)(1) or				
Contributions to flow and state Contributions of cont		K C	heck her	re Fig. 1 representation is not a 509(a)(3) support	ng organization and its gros	ss			d by an or-
Chooses to file a return, be sure to file a complete return. 1 Group Exemption Number N/A							ganization cover	ed by a gro	up ruling? Yes X No
Corros receipts: Add lines 6b, 8b, 9b, 9b, and 10b to line 12 > 316, 976. Sch. 8 (Form 990, 990-EZ, or 990-PF)		C	hooses t	o file a return, be sure to file a complete return.			I Group Exemptio	n Number I	N/A
Corros receipts: Add lines 6b, 8b, 9b, 9b, and 10b to line 12 > 316, 976. Sch. 8 (Form 990, 990-EZ, or 990-PF)							M Check ▶i	if the organ	ization is not required to attach
1 Contributions, gifts, grants, and similar amounts received. 2 Contributions to donor advised funds		L G	ross rec	eipts: Add lines 6b, 8b, 9b, and 10b to line 12	316,97	6.			
1	1	Pa	rt i	Revenue, Expenses, and Changes in N	let Assets or Fund	Balar	ices		
1	,		1	Contributions, gifts, grants, and similar amounts receive	d.				
Comment contributions (grants) (not included on line 1a) 10 10 10 10 10 10 10 1						1a			
Comparison Co			Ъ	Direct public support (not included on line 1a)		1b	255,4	85.	
Section Company Com			C			10			
2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 1 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rents 6 b Less rental expenses c Net rental income or (loss) Subtract line 6b from line 6a 7 Other investment income (discribe ► 7 Other investment income (discribe ► 8 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) 1 Net sent all of the sent of t			đ		1a)	1d			
2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 1 4,402. 5 Dividends and interest from securities 5 a Gross rents 6 a Gross rents 6 a Gross rents 6 a Gross rental expenses c Net rental income or (loss) Subtract line 6b from line 6a 7 Other investment income (describe ► 7 8 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) 1 Net sare (loss) (combine line 8c, columns (A) and (B) STMT 2 9 Special events and activities (attach schedule). If any amount is from gaming, check here ► 25, 644. a Gross rents (loss) from special events. Subtract line 9b from line 9a 10 a Gross sales of inventory (attach schedule) Subtract line 9b from line 9a 10 a Gross sales of inventory (attach schedule) Subtract line 10h from lina-10a 11 Criter revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program service (from line 44, column (B)) 14 Management and general (from line 44, column (B)) 15 Fundraising (from line 44, column (B)) 16 Excessor (deficit) for the year. Subtract line 17 from line 12 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 386, 452. 20 Other changes in net assets or fund balances (attach explanation)			e	Total (add lines 1a through 1d) (cash \$ 22	4,040 . noncash \$		31,445.) 10	255,485.
Note 10 10 10 10 10 10 10 1			2	·				2	
Solution			3	Membership dues and assessments		•		3	
Solution			4	Interest on savings and temporary cash investments				. 4	4,402.
BOULD By Control of the property of the proper			5	Dividends and interest from securities				. 5	
C Net rental income or (loss) Subtract line 6b from line 6a 7 Other investment income (describe			6 a	Gross rents		6a			
7 Other investment income (describe			b	Less rental expenses		6b			
b Less cost or other basis and sales expenses c Gain or (loss). Combine line 8c, columns (A) and (B) STMT 2 9 Special events and activities (attach schedule). If any amount is from gaming, check here b Less direct expenses other than fundralising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a c Gross profit or (loss) from line 44, column (B)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross profit or floss from line 44, column (C)) c Gross from line 44, column (C)) c Gross from line 44, column (C)) c Gross from line 44, column (C) c Gross from line 44, colum			C	Net rental income or (loss) Subtract line 6b from line 6a				61	:
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b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule). d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2 9 Special events and activities (attach schedule). If any amount is from gaming, check here b Less direct expenses other than fundralising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (defict) for the year. Subtract line 12 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 8 Less cost or or fund balances (attach explanation) 8 Less cost or or fund balances (attach explanation) 8 Less cost or or fund balances (attach explanation) 8 Less cost or or fund balances (attach explanation) 8 Less cost or fund balances (attach explanation)		8	8 a	Gross amount from sales of assets other	(A) Securities		(B) Other		
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12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 256, 100. 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 15 7, 786. 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 <94, 848. 294, 848. 298			C	Net income or (loss) from special events. Subtract line 9	b from line 9a 🔒 💹 🤉	EE S	STATEMENT	3 . <u> 9</u> ,	<3,787.>
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13	S		11	Other revenue (from Part VII, line 103)		K	FCFIVED		
13 Full draining (Hoff line 44, Collatin (D)) 16 17 18 17 18 18 19 19 19 19 19 19			12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10e					
13 Full draining (Hoff line 44, Collatin (D)) 16 17 18 17 18 18 19 19 19 19 19 19		g	13	• , , , , , , , , , , , , , , , , , , ,		N-I	1 4 2008	ŏ <u>1</u> 3	
13 Full draining (Hoff line 44, Collatin (D)) 16 17 18 17 18 18 19 19 19 19 19 19		Se	14			· '''			
17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 17 350, 948. 18 <94,848.> 19 386,452. 20 Other changes in net assets or fund balances (attach explanation) 20 O.		ē.	15	Fundraising (from line 44, column (D))			DEN LIT	· \cdot\	
18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 18 < 94,848.> 386,452. 20 Other changes in net assets or fund balances (attach explanation) 20 O.		ŭ	16	Payments to affiliates (attach schedule)		<u>. Qq</u>	JUEN, UI.		
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 0.		_			· · · · · · · · · · · · · · · · · · ·		<u> </u>		-04 040
		တ		•	•			· —	
		Set						· —	
		-8		- · · · · · · · · · · · · · · · · · · ·	•	•			
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 291, 604.		72300						21	

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Page 2

P						d (D) are required for section le trusts but optional for othe	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	'		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds						
	(attach schedule)		į				
	(cash \$0 _ noncash \$	<u> </u>	ĺ				
	If this amount includes foreign grants, check here		22a				
22b	Other grants and allocations (attach sche	edule)				STATEMENT 5	
	(cash \$286,567 • noncash \$	쓱		206 567	206 567		
	If this amount includes foreign grants, check here		22b	286,567.	286,567.		
23	Specific assistance to individuals (attach						
	schedule)	·· ·	23			- 1	
24	Benefits paid to or for members (attach						
25-	schedule)		24				
203	employees, etc listed in Part V-A STMT	·	25a	29,235.	17,541.	5,847.	5,847.
ь	Compensation of former officers, directors, ke	-	<u>zsa</u>	23,233.	17,541.	3,047.	3,047.
N	employees, etc. listed in Part V-B	·	25b	0.	0.	0.	0.
_	Compensation and other distributions, not incl	-	200		<u> </u>		
•	above, to disqualified persons (as defined und	- 1					
	section 4958(f)(1)) and persons described in	"					
	section 4958(c)(3)(B)		25c				
26	Salaries and wages of employees not						
	included on lines 25a, b, and c	İ	26				
27	Pension plan contributions not included	· · ·					
	lines 25a, b, and c		27				
28	Employee benefits not included on lines						
	25a - 27		28				
29	Payroll taxes	. [29				
	Professional fundraising fees	. [30				
31	Accounting fees	. [31	3,205.		3,205.	
32	Legal fees		32				
33	Supplies		33	136.		136.	
34	Telephone	Ļ	34				
35	Postage and shipping].	35	1,086.			1,086.
36	Occupancy	ļ	36				
37	Equipment rental and maintenance	ļ	37				
	Printing and publications	r	38	5,483.	4,190.	1,193.	100.
	Travel	г	39	001	001		
	Conferences, conventions, and meetings	·	40	801.	801.		
	Interest	-	41				
	Depreciation, depletion, etc. (attach sched	' t	42				
43	Other expenses not covered above (item						
a		— r	43a				
0			43b				
6			43c 43d				
u			43u 43e				·
•			43f				
	SEE STATEMENT 4	_	43g	24,435.	20,233.	3,449.	753.
44 44	Total functional expenses. Add lines 22a thro		*3 <u>4</u>	21/133.	20/233.	3/113.	755.
~~	43g. (Organizations completing columns (B)-(- 1	- 1				
	carry these totals to lines 13-15)		44	350,948.	329,332.	13,830.	7,786.
	int Costs. Check inf you are follo				, 222,002.		.,,,,,,,,
	any joint costs from a combined educational ca	_			eported in (B) Program serv	ices?	Yes X No
	/es," enter (I) the aggregate amount of these join				(ii) the amount allocated to		N/A
(iii)	the amount allocated to Management and gene		Ť -		(iv) the amount allocated to		N/A
7230 12-2	011 27-07						Form 990 (2007)

-	$\Delta \Delta \Delta$	(2007)	
-om	MMI	1/13/1	
~		V	

PARKS AND RECREATION

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1 T. A. C.		15	<u> </u>		
Part III	Statement	of Program	Service Ac	ccomplishmen	its (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization.
How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the
return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

∕∕h	at is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) canizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
а	DEVELOPED AWARENESS AND SUPPORT FOR PUBLIC GREENWAYS THROUGH	
	EDUCATIONAL MEETINGS AND PROMOTIONS OF GREENWAYS OPENINGS.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	329,332.
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
C		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here	
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	329,332.

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Forn	n 990 ((2007) PARKS_AND_RECR	EATION		62-	-1570596 Page 4
Pa	rt IV	Balance Sheets (See the instructions.)		•		
Note		ere required, attached schedules and amounts wit uld be for end-of-year amounts only.	hin the description column	(A) Beginning of year		(B) End of year
		_		F 4 710		61 000
	45	Cash - non-interest-bearing		54,719.	45	61,233.
	46	Savings and temporary cash investments		325,582.	46	224,868.
	47 -	A	المعما			
	4/ a	Accounts receivable	47a 47b		470	
	"	Less. allowance for doubtful accounts	470		47c	
	48 a	Pledges receivable	482			
	Ь	Less: allowance for doubtful accounts	48b		48c	
	49				49	
	50 a	Receivables from current and former officers, di				
		key employees			50a	
	b	Receivables from other disqualified persons (as	defined under section			
şţ		4958(f)(1)) and persons described in section 495	58(c)(3)(B)		50b	•
Assets	51 a	Other notes and loans receivable	51a			
Q.	b		51b	6 151	<u>51c</u>	5 500
	52	Inventories for sale or use		6,151.	52	5,503.
	53	Prepaid expenses and deferred charges			53	ļ
	l .	Investments - publicly-traded securities	Cost FMV Cost FMV		54a	<u> </u>
	55 a		Cost L FIMV		54b	
	33 4	Investments - land, buildings, and equipment: basis	55a)	
	·	equipment basis	332			
	Ь	Less: accumulated depreciation	556		55c	
	56	Investments • other			56	
	57 a		57a			
	b		57b		57c	
	58	Other assets, including program-related investments				
		(describe ► LAND- AGENCY TRANS	ACTION)	567,020.	58	0.
	59	Total assets (must equal line 74). Add lines 45 to	hrough 58	953,472.	59	291,604.
	60	Accounts payable and accrued expenses	·		60	
	61	Grants payable			61	
S	62		· ··· <u>;</u> ·· · · · -		62	
ij	63	Loans from officers, directors, trustees, and key		······································	63	
Liabilitie		Tax-exempt bond liabilities Mortgages and other notes payable	· · · · · · · · · · · · · · · · · · ·		64a 64b	
_	65	Other liabilities (describe LAND – AGENC	Y TRANSACTION \	567,020.	65	0.
	••			55175255	"	
	66	Total liabilities. Add lines 60 through 65		567,020.	66	0.
	Orga	anizations that follow SFAS 117, check here	X and complete lines			
un.		67 through 69 and lines 73 and 74.				
ğ	67	Unrestricted		78,218.		88,866.
<u>a</u>	68	Temporanly restricted		308,234.	68	202,738.
Ø.	69	Permanently restricted	· · · · · · · · · · · · · · · · · · ·		69	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, check I	nere Land			
<u>-</u>	70	complete lines 70 through 74.			7.	
ets	70 71	Capital stock, trust principal, or current funds			70	
ASS	72	Paid-in or capital surplus, or land, building, and Retained earnings, endowment, accumulated in	_ ` · ·		71 72	
<u>t</u>	73	Total net assets or fund balances. Add lines 67 throu	_		, <u>, , , , , , , , , , , , , , , , , , </u>	
~		(Column (A) must equal line 19 and column (B) must	•	386,452.	73	291,604.
	74	Total liabilities and net assets/fund balances.		953,472.	74	291,604.

	Total revenue, gains, and other support per audited financial stateme	ents				a		N/A
b	Amounts included on line a but not on Part I, line 12:		•		•			
1	Net unrealized gains on investments		b 1					
2	Donated services and use of facilities		b2]		
3	Recoveries of prior year grants		b3]		
4	Other (specify):		b4]		
	Add lines b1 through b4					b		
C	Subtract line b from line a					C		
d	Amounts included on Part I, line 12, but not on line a:							
1	Investment expenses not included on Part I, line 6b		d1]		
2	Other (specify):		d2]		
	Add lines d1 and d2					4		
e	Total revenue (Part I, line 12). Add lines c and d	 				e		<u> </u>
P	rt IV-B Reconciliation of Expenses per Audited Fin	ancial Statements	Wit	h Expenses	per	Retu	ım	
a	Total expenses and losses per audited financial statements					a		N/A
b	Amounts included on line a but not on Part I, line 17:							
1	Donated services and use of facilities		b1			1		
2	Prior year adjustments reported on Part I, line 20		b2	· · · · · · · · · · · · · · · · · · ·	_	1 1		
3	Losses reported on Part I, line 20		b3			1		
4	Other (specify):		b4	 		1 1		
	Add lines b1 through b4		-			Ь		
C	Subtract line b from line a		-			C		-
đ	Amounts included on Part I, line 17, but not on line a:		1 1					
1	Investment expenses not included on Part I, line 6b		d1			1 1		
						F 1		
2	Other (specify):		d2					
	Add lines d1 and d2					đ		
<u>e</u>	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d				 <u>></u>	е	-1:	
<u>e</u>	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d	ey Employees (List o	each	person who was	 ► san o	е	, direc	tor, trustee,
<u>e</u>	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Let V-A Current Officers, Directors, Trustees, and Koor key employee at any time during the year even if they we	ey Employees (List of the compensated.) (3	each	person who was he instructions.)		e		(E) Expense
<u>e</u>	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of ere not compensated.) (S	each	person who was the instructions.)	(D) Co empl plans	e fficer		
<u>e</u>	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Let V-A Current Officers, Directors, Trustees, and Koor key employee at any time during the year even if they we	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter	(D) Co empl plans	e fficer	ons to	(E) Expense account and
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter	(D) Co empl plans	e fficer	ons to	(E) Expense account and
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter	(D) Co empl plans	e fficer	ons to	(E) Expense account and
Pa	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Let V-A Current Officers, Directors, Trustees, and Koor key employee at any time during the year even if they we	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance
Pa	Total expenses (Part I, line 17). Add lines c and d	ey Employees (List of the compensated.) (3 (B) Title and average hou per week devoted to	each	person who was the instructions.) C) Compensation If not paid, enter -0)	(D) Co empl plans	e fficer	ions to enefit erred n plans	(E) Expense account and other allowance

GREENWAYS FOR NASHVILLE, INC. Form 990 (2007) PARKS AND RECREATION 62-1570596 Page 6 Yes Current Officers, Directors, Trustees, and Key Employees (continued) 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board 20 meetings . . b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A. Part I. or highest compensated professional and other independent contractors listed in Schedule A. Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X © Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A. Part I, or highest compensated professional and other independent contractors listed in Schedule A. Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." Х 75c If "Yes," attach a statement that includes the information described in the instructions. X d Does the organization have a written conflict of interest policy? 75d Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (C) Compensation (D) Contributions to (E) Expense (A) Name and address (B) Loans and Advances (if not paid, employee benefit plans & deferred account and NONE enter -0-) other allowances compensation plans Part VI Other Information (See the instructions.) Yes No Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed X statement of each change 76 Were any changes made in the organizing or governing documents but not reported to the IRS? ... 77 If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X 78a b If "Yes," has it filed a tax return on Form 990-T for this year? 78b Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 89 a Is the organization related (other than by association with a statewide or nationwide organization) through common X membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a

and check whether it is ____ exempt or __

Form **990** (2007)

___ nonexempt

0.

If "Yes," enter the name of the organization ► N/A

b Did the organization file Form 1120-POL for this year?

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)

GREENWAYS FOR NASHVILLE, INC. PARKS AND RECREATION

Form	990 (2007). PARKS AND RECREATION 62-	-1570	596	P	age 7
	Other Information (continued)			Yes	
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substa	intially			
	less than fair rental value?		82a	X	L
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II.				i
	(See instructions in Part III.)	<u>. </u>			į
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	Х	L
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	not			į
	tax deductible?		84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		_85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/I	7	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received	а			ĺ
	walver for proxy tax owed for the prior year.	_			i
C	Dues, assessments, and similar amounts from members 85c N/2				į
d	Section 162(e) lobbying and political expenditures 85d N/2				i
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/1				į
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)				Í
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/I	•	85g		
'n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	,			
	• • • • • • • • • • • • • • • • • • • •	`	85h		
85	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/I	`			İ
					İ
D 07					ĺ
87 h		<u> </u>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A	`			Ė
88 a					ĺ
00 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership	'			ĺ
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		Х
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	•	000		
U	section 512(b)(13)? If "Yes," complete Part XI		88b		х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		000		
03 1	section 4911 ▶ 0 • ; section 4912 ▶ 0 • , section 4955 ▶	0.			i
h	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit				į
•	transaction during the year or did it become aware of an excess benefit transaction from a prior year?				į
	If "Yes," attach a statement explaining each transaction		89b		Х
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under				
-	sections 4912, 4955, and 4958	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f			89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organ				
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		<u> </u>
90 a	List the states with which a copy of this return is filed ►TN				
b	Number of employees employed in the pay period that includes March 12, 2007 90b				0
91 a	The books are in care of ► RENEE BATES Telephone no. ► 6				
	Located at ► P.O. BOX 196340, NASHVILLE, TN ZIP	+4 ► <u>3</u>	721		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1		Yes	_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		91b		Х
	If "Yes," enter the name of the foreign country N/A				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.			اا	
			Form	990	(2007)

GREENWAYS FOR NASHVILLE, INC. PARKS AND RECREATION 62-1570596 Form 990 (2007). Part VI Other Information (continued) Yes c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c N/A If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year Part VII Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 Note: Enter gross amounts unless otherwise (E) (A) (C) indicated. (B) (D) Related or exempt Business Amount **Amount** function income 93 Program service revenue: f Medicare/Medicaid payments . . g Fees and contracts from government agencies . . Membership dues and assessments 4,402. Interest on savings and temporary cash investments Dividends and Interest from securities 97 Net rental income or (loss) from real estate: a debt-financed property b not debt-financed property 98 Net rental income or (loss) from personal property Other investment income 100 Gain or (loss) from sales of assets other than inventory 98 <3,885 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue: 8 0. 4.500. 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). 101 THE RICHLAND CREEK RUN PROMOTED AWARENESS OF THIS GREENWAY TO THE GENERAL PUBLIC.

Part IX Information Regar	ding Taxable Subsi	diaries and Disregarded	Entities (See the instruction	ns.)
(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Yes	X N
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Yes	X
No	nte: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).		

DADKC	עואע	RECREATI	TAO Y

\$100 WEST END AVENUE, STE 700

NASHVILLE, TN 37203

62-1570596 Page 9 Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a Part XI controlling organization as defined in section 512(b)(13). N/A Yes No 106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (B) Employer Identification (A) (D) (C) Name, address, of each **Description of Amount of** controlled entity transfer transfer Number ь ¢ **Totals** Yes No Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (A) (C) (D) Employer Identification Name, address, of each **Description of Amount of** controlled entity transfer transfer Number b C **Totals** Yes No Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? 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. Please Sign Signature of officer Here RENEÉ BATÉS DEVELOPMENT COORDINATOR Type or print name and title Preparer's SSN or PTIN (See Gen Inst. X) Check if Preparer's Paid self-M Wester CA signature 11-11-2002 employed > Preparer's Firm's name (or FAULKNER MACKIE & COCHRAN, EIN ▶

Phone no \triangleright (615)292-3011

Use Only

yours if self-employed),

address, and

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2007

OMB No 1545-0047

Employer Identification number Name of the organization GREENWAYS FOR NASHVILLE, INC. PARKS AND RECREATION 62 1570596 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") Contributions to employee benefit plans & deferred (b) Title and average hours (e) Expense account and other (a) Name and address of each employee paid per week devoted to (c) Compensation more than \$50,000 position allowances compensation NONE Total number of other employees paid over \$50,000 0 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services 0 \triangleright Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over 0 \$50,000 for other services

GREENWAYS FOR NASHVILLE, INC.

Schedule A (Form 990 or 990-EZ) 2007 PARKS AND RECREATION

62-1570596 Page 2

F	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the		l	
	lobbying activities > \$\$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B)	1		Х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	Sale, exchange, or leasing of property?	2a		X
1	Lending of money or other extension of credit?	2b		X
(Furnishing of goods, services, or facilities?	2c		X
(Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
(Transfer of any part of its income or assets?	2e		X
3 :	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments)	3a		Х
ı	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
(Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	<u></u>	X
(I Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 :	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	_4a		X
ı	Did the organization make any taxable distributions under section 4966?	4b		
(Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
(Enter the total number of donor advised funds owned at the end of the tax year			C
(Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	Α
1	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
!	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

GREENWAYS FOR NASHVILLE, INC.

Schedule A (Form 990 or 990-EZ) 2007 PARKS AND RECREATION

62-1570596 Page 3

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 ti	hrough 8 of the instructio	ns.)		
l certif	y that th	ne organization is not a private foundation because it is: (Please check only ONE a	pplicable box.)			
5		A church, convention of churches, or association of ch	urches. Section 170(b)(1	I)(A)(i).			
6		A school Section 170(b)(1)(A)(ii). (Also complete Part	(V)				
7		A hospital or a cooperative hospital service organizatio	n. Section 170(b)(1)(A)(i	iı).			
8		A federal, state, or local government or governmental u	init. Section 170(b)(1)(A))(v).			
9		A medical research organization operated in conjunction	n with a hospital. Section	n 170(b)(1)(A)(iii). Enter t	he hospital's	s name, city,	
		and state 🕨					
10		An organization operated for the benefit of a college or	university owned or oper	rated by a governmental (unit. Section	170(b)(1)(A)(ıv).
		(Also complete the Support Schedule in Part IV-A.)					
11a	X	An organization that normally receives a substantial pa	irt of its support from a g	overnmental unit or from	the general	public.	
	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)						
11b	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)						
12		An organization that normally receives: (1) more than 3	33 1/3% of its support fro	om contributions, membe	rship fees, a	nd gross	
		receipts from activities related to its charitable, etc., fur					
		its support from gross investment income and unrelate				ses acquired	
		by the organization after June 30, 1975. See section 5	u9(a)(2) (Also complete	the Support Schedule II	i Part IV-A.)		
13		An organization that is not controlled by any disqualifie	d persons (other than fo	undation managers) and	otherwise me	ets the requir	ements of section
		509(a)(3) Check the box that describes the type of sup	porting organization:				
		Type I Type II	Type III-Fu	nctionally Integrated		Type III	-Other
							
		Provide the following information at		nizations. (See page 8 of	· · · · · ·	· ·	
		(a)	(b)	(c)	(d		(8)
		Name(s) of supported organization(s)	Employer	Type of organization		ipported	Amount of
			identification number (EIN)	(described in lines 5 through 12 above		on listed in porting	support
				or IRC section)	organi	zation's	
					governing	documents?	
					Yes	No	
					}		
							
<u>Total</u>		<u> </u>		· · · · · · · · · · · · · · · · · · ·		. 🏲	
44		An approximation approximation and annual defect for soil	le estate Castina FOO/-1	/4\			
14	L1	An organization organized and operated to test for pub	IIC SATETY. SECTION 509(A)	(4). (5ee page & of the in:	SUUCUONS.)		

GREENWAYS FOR NASHVILLE, INC.

Schedule A (Form 990 or 990-EZ) 2007 PARKS AND RECREATION 62-1570596 Page 4 Part W-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

<u> </u>	Note: You may use the	e worksheet in the instr	uctions for converting	from the accrual to the	e cash method of acc	ounting.
	ndar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual	1.0		,,	· · ·	
	grants See line 28)	218,091.	45,469.	36,634.	51,654.	351,848.
16	Membership fees received .					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is					
	related to the organization's	4 000			4 000	
	charitable, etc., purpose	4,920.	4,420.	3,000.	4,000.	16,340.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,378.	2,038.	1,345.	1,805.	12,566.
19	Net income from unrelated business		2,030.	1,343.	1,003.	12,300.
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	230,389.	51,927.	40,979.	57,459.	380,754.
24	Line 23 minus line 17	225,469.			53,459.	
25	Enter 1% of line 23	2,304.	519.	410.	575.	
26	Organizations described on lines 10	Jor 11: a Enter 2% of a	amount in column (e), lin		Þ 26a	7,288.
b	Prepare a list for your records to sho	w the name of and amou	nt contributed by each pe	rson (other than a govern	nmental	
	unit or publicly supported organization	on) whose total gifts for 2	003 through 2006 exceed	led the amount shown in	line 26a.	
	Do not file this list with your return.	. Enter the total of all thes	e excess amounts		▶ 26b	42,000.
C	Total support for section 509(a)(1) to	est Enter line 24, column	(e) .		▶ 26c	364,414.
đ	Add Amounts from column (e) for li	nes 18	12,566. 19			
		22	26b	42,00	<u>0.</u> ▶ 26d	54,566.
8	Public support (line 26c minus line 2	:6d total)			▶ 26e	309,848.
f_	Public support percentage (line 26e	a (numerator) divided by	line 26c (denominator))		▶ 26f	85.0264%
27	Organizations described on line 12:	: a For amounts included	in lines 15, 16, and 17 th	at were received from a "o	disqualified person," prej	oare a list for your
	records to show the name of, and to	tal amounts received in ea	ich year from, each "disqi	ualified person." Do not fil	le this list with your retu	rn. Enter the sum of
	such amounts for each year.	N/A				
	(2006)	. (2005)		004)		
b	For any amount included in line 17 th	nat was received from eac	h person (other than "dis	qualified persons"), prepa	re a list for your records	to show the name of,
	and amount received for each year, t	hat was more than the lar	rger of (1) the amount on	line 25 for the year or (2)) \$5,000 (Include in the	list organizations
	described in lines 5 through 11b, as	well as individuals.) Do no	ot file this list with your r	eturn. After computing th	ne difference between the	e amount received and
	the larger amount described in (1) or	r (2), enter the sum of the	se differences (the exces	s amounts) for each year.	N/A	
	(2006)	. (2005)	. (20	004)		
C	Add: Amounts from column (e) for la					1
				21	<u> 27c</u>	N/A
d	Add: Line 27a total		d line 27b total		<u>27d</u>	N/A
8	Public support (line 27c total minus	•			► 27e	N/A
f	Total support for section 509(a)(2) to			► 27f	N/A	37/3
9	Public support percentage (line 276				≥ 27g	N/A %
<u>h</u>	Investment income percentage (line	a 18, column (e) (numera	ator) divided by line 27f	(denominator))	D 27h	N/A %

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Has the organization's right to such aid ever been revoked or suspended?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50.

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Private School Questionnaire (See page 9 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 31 solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known 31 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) Does the organization maintain the following: Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? 33g Other extracurricular activities? 3<u>3h</u> If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 34a

Schedule A (Form 990 or 990-EZ) 2007

34b

GREENWAYS FOR NASHVILLE, INC. Schedule A (Form 990 or 990-EZ) 2007 PARKS AND RECREATION 62-1570596 N/A Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions) (To be completed ONLY by an eligible organization that filed Form 5768) Check b if you checked "a" and "limited control" provisions apply Check > a $oldsymbol{ol}}}}}}}}}$ (a) (p) Limits on Lobbying Expenditures Affiliated group To be completed for all totals electing organizations (The term "expenditures" means amounts paid or incurred.) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures 39 40 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 41 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38. Enter -O- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period N/A Calendar year (or (a) (b) (d) (e) (c) fiscal year beginning in) 2007 2006 2005 2004 Total 45 Lobbying nontaxable 0. amount 46 Lobbying ceiling amount 0. (150% of line 45(e)) 47 Total lobbying 0. expenditures 48 Grassroots nontaxable 0. amount 49 Grassroots ceiling amount 0. (150% of line 48(e)) 50 Grassroots lobbying 0. expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any attempt to **Amount** influence public opinion on a legislative matter or referendum, through the use of Paid staff or management (Include compensation in expenses reported on lines c through h.) ... b c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means 0. Total lobbying expenditures (Add lines & through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

GREENWAYS FOR NASHVILLE, INC. Schedule A (Form 990 or 990-EZ) 2007 PARKS AND RECREATION 62-1570596 Page 7 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** (See page 14 of the instructions.) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of Yes No 51a(i) X (i) Cash a(ii) X (ii) Other assets **b** Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization b(i) (ii) Purchases of assets from a noncharitable exempt organization b(iii) (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees b(v) (vi) Performance of services or membership or fundraising solicitations C C Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any N/A transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the X No Code (other than section 501(c)(3)) or in section 527? ____ Yes N/A b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<u> </u>		
		
	<u> </u>	

1

FOOTNOTES

STATEMENT

PART II, LINE 25, OFFICER COMPENSATION AND RELATED EMPLOYEE BENEFITS AND EXPENSES

THE AMOUNT REPORTED ON LINE 25 REPRESENTS THE SALARY AND RELATED PAYROLL EXPENSES OF THE ORGANIZATION'S DEVELOPMENT 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.

PART VI, LINE 82

THE ORGANIZATION'S OFFICES ARE PROVIDED RENT-FREE BY METROPOLITAN NASHVILLE PARKS AND RECREATION. THE ESTIMATED FAIR RENTAL VALUE OF THE OFFICES HAS NOT BEEN DETERMINED FOR REPORTING ON PART VI, LINE 82B.

FORM 990 GAIN (LOS	S) FROM PU	BLICLY	TRADED S	ECURITI	ES	STATEMEN	T 2	
DESCRIPTION		ROSS S PRICE	COST OTHER		EXPENSE OF SALE	NET G OR (L		
PUBLICLY-TRADED SECURITIE	s	31,445.	1,445. 31,44		,445. 0.		0.	
TO FORM 990, PART I, LINE	8	31,445.	31	,445.	0.	•	0.	
FORM 990	SPECIAL EV	ENTS AND	ACTIVI	TIES		STATEMEN	лт 3	
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRI INCLU		GROSS EVENUE	DIREC EXPENS		NCOME LOSS)	
PATRONS EVENT RICHLAND CREEK RUN	33,835 20,696		,387. 19,44 ,500. 6,19					
TO FM 990, PART I, LINE 9	54,531	28,	887.	25,644	29,43	31. <3	787.	
FORM 990	ОТ	HER EXPE	ENSES			STATEMEN	IT 4	
DESCRIPTION	(A) TOTAL	PRO	(B) OGRAM RVICES		C) SEMENT SENERAL	(D) FUNDRAI		
GREENWAY OPENING AND PROJECT EXPENSE OUTREACH AND	18,720	•	18,720.					
PROMOTIONAL ITEMS LICENSES AND FEES INSURANCE OTHER MISCELLANEOUS	1,513 240 2,910		1,513.		240. 2,910.			
EXPENSE	1,052	. <u>. </u>			299.		753.	
TOTAL TO FM 990, LN 43	24,435		20,233.		3,449.		753.	

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v	_		4	J	•	v	J	"	v

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FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 5
CLASS OF ACTIVITY	//DONEE'S NAME AND ADDRESS	AMOUNT
PROGRAM SERVICES METROPOLITAN NASH PARK PLAZA AT OMA NASHVILLE, TN 372	—: —	286,567.
TOTAL INCLUDED ON	FORM 990, PART II, LINE 22B	286,567.
FORM 990 STATE	EMENT OF ORGANIZATION'S PRIMARY EXEMPT PUR PART III	RPOSE STATEMENT 6

EXPLANATION

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

FORM 990

7

STATEMENT

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
PHIL PONDER P.O. BOX 196340 NASHVILLE, TN 37219-6340	PRESIDENT 1.00	0.	0.	0.
ROBERT S. BRANDT P.O. BOX 196340 NASHVILLE, TN 37219-6340	VICE-PRESIDENT 1.00	0.	0.	0.
JULIE ALLEN P.O. BOX 196340 NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
BEN ARMISTEAD P.O. BOX 196340 NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
ALBERT BERRY P.O. BOX 196340 NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
ELIZA BRUNSON P.O. BOX 196340 NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
MARTHA COOPER P.O. BOX 196340 NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
ANNE DAVIS P.O. BOX 196340 NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
SHAIN DENNISON P.O. BOX 196340 NASHVILLE, TN 37219-6340	EX-OFFICIO DIR 0.00	ECTOR 0.	0.	0.
MARK DEUTSCHMANN P.O. BOX 196340 NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
SANDRA DUNCAN P.O. BOX 196340 NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.

PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,

GREENWAYS FOR NASHVILLE, INC.	PARKS AND		62-15	570596
TOM GROOMS P.O. BOX 196340 NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
DIANE GUSKY P.O. BOX 196340 NASHVILLE, TN 37219-6340	SECRETARY 0.00	0.	0.	0.
JIM KELLEY P.O. BOX 196340 NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
JOHN NORRIS P.O. BOX 196340 NASHVILLE, TN 37219-6340	DIRECTOR 0.00	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	DIRECTOR 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.
HELEN WALKER P.O. BOX 196340 NASHVILLE, TN 37219-6340	DIRECTOR 0.00	0.	0.	0.
ROY WILSON P.O. BOX 196340 NASHVILLE, TN 37219-6340	EX-OFFICIO DI 0.00	RECTOR 0.	0.	0.
JANE LAUB P.O. BOX 196340 NASHVILLE, TN 37219-6340	FORMER DEVELO	PMENT COORDINATO	R 0.	0.
RENEE BATES P.O. BOX 196340 NASHVILLE, TN 37219-6340	DEVELOPMENT C	OORDINATOR 1,306.	0.	0.
TOTALS INCLUDED ON FORM 990, PA	ART V-A	29,235.	0.	0.