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May the IRS discuss this return with the preparer shown above? (see instructions) .

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493047008221 OMB No. 1545-0047

✓ Yes □ No

Cat. No. 11282Y

Form **990** (2019)

Open to Public Inspection

		nue Service							
A F	or the	2019 c	alendar year, or tax year beginning 04-01-2019 , and ending 03-3	1-2020					
		pplicable:	C Name of organization THE LAND TRUST FOR TENNESSEE INC		D Employe	r identif	ication number		
	dress c	-			62-1770	549			
	me cha	_	Doing business as						
	tial return	urn ı/terminated	•						
	nended		Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephone	number			
		n pending	4000 ERANKLIN DIKE	(615) 24	4-5263				
			City or town, state or province, country, and ZIP or foreign postal code						
			NASHVILLE, TN 37204		<b>G</b> Gross rec	eints \$ 3	029 255		
			F Name and address of principal officer:	U/-> 1			,023,233		
			ELIZABETH MCLAURIN		this a group ret	urn for			
			4000 FRANKLIN PIKE		ubordinates? re all subordinate	20	□Yes ☑No		
			NASHVILLE, TN 37204		icluded?	-3	☐ Yes ☐No		
[ la:	x-exem	npt status:		If	"No," attach a li	st. (see	instructions)		
J W	ebsite	e:▶ WV	VW.LANDTRUSTTN.ORG	H(c) G	roup exemption i	number	<b>&gt;</b>		
<b>K</b> Forr	n of org	ganization	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	<b>L</b> Year of f	formation: 1999	<b>M</b> State	of legal domicile: TN		
		-							
Pa	art I	Sum	mary						
			scribe the organization's mission or most significant activities:						
မှ	1	O CONSI	ERVE THE UNIQUE CHARACTER OF TENNESSEE'S NATURAL AND HISTORIC	LANDSCA	PES AND SITES F	OR FUT	URE GENERATIONS.		
Ĕ									
Ĕ	_								
Governance	, ,	Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of m	ore than 2	25% of its net as	sets.			
<u> </u>			of voting members of the governing body (Part VI, line 1a)			3	16		
ø	4 1	Number	of independent voting members of the governing body (Part VI, line 1b) .			4	16		
<u>se</u>			mber of individuals employed in calendar year 2019 (Part V, line 2a)			5	25		
Activities &			mber of volunteers (estimate if necessary)	6	30				
5			• • • • • • • • • • • • • • • • • • • •		• •				
Q.	1		related business revenue from Part VIII, column (C), line 12		•	7a	0		
	b	Net unre	lated business taxable income from Form 990-T, line 39	<u> </u>	• •	7b	0		
					Prior Year		Current Year		
Qı	8 (	Contribut	tions and grants (Part VIII, line 1h)		4,747,6	66	2,631,456		
Ravenue	9	Program	service revenue (Part VIII, line 2g)			0	0		
Ąċ	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		137,0	15	152,733		
<u> </u>	11 0	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-21,7	84	80,961		
	1		renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,862,8		2,865,150		
			nd similar amounts paid (Part IX, column (A), lines 1–3 )			0	0		
							0		
	1		paid to or for members (Part IX, column (A), line 4)			0			
શ્		•	other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,314,1	_			
SUS	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)			0	0		
Expenses	Ь-	Total fund	raising expenses (Part IX, column (D), line 25) ▶301,095						
Ω.	17 (	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		681,7	82	2 1,909,747		
	18	Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,995,9	36	3,285,995		
	19	Revenue	less expenses. Subtract line 18 from line 12		2,866,9	61	-420,845		
× 00	<del>                                   </del>			Beainr	ning of Current Ye		End of Year		
Net Assets or Fund Balances					5				
25.00 25.00	20 -	Total ass	sets (Part X, line 16)		21,541,4	87	20,559,548		
Ž₩.	21 -	Total liab	pilities (Part X, line 26)		222,2	90	135,166		
25			ts or fund balances. Subtract line 21 from line 20		21,319,1		20,424,382		
					21,313,1	<i>3</i> /	20,121,302		
	art II		nature Block perjury, I declare that I have examined this return, including accompanying	schodulos	and statements	and to	the best of my		
			ef, it is true, correct, and complete. Declaration of preparer (other than office						
	nowle						· ·		
		I k							
		***** Signat			2021-02-16 Date				
Sign		, Signat	ature of officer Date						
Here	•		ABETH MCLAURIN PRESIDENT & CEO						
		V	or print name and title						
		F		ate 021-02- <b>1</b> 5		TIN 0032090:	1		
Paid	t	L		021-02-13	self-employed	000ZU <del>J</del> U.	<u>.</u>		
Pre	pare	r 🗔	Firm's name   KRAFTCPAS PLLC		Firm's EIN ► 62-0	713250			
	Onl	ı ⊢	Firm's address ▶ 555 GREAT CIRCLE ROAD		Phono no /(15) 3	42_7254			
		· '			Phone no. (615) 2	<b>→</b> ∠-/351			
			NASHVILLE, TN 37228	=, TN 37228					

Form	990 (2019)					Page <b>2</b>					
Pa	ort III Statement	of Program Servic	e Accomplis	hments							
	Check if Sched	lule O contains a respo	nse or note to	any line in this Part III .		🗹					
1	Briefly describe the or	rganization's mission:									
<u>TO C</u>	ONSERVE THE UNIQUE	CHARACTER OF TENN	ESSEE'S NATUR	AL AND HISTORIC LAN	DSCAPES AND SITES FOR FUTURE (	GENERATIONS.					
2	Did the organization (	ındertake any significa	int program seri	vices during the year wh	aich were not listed on						
2						☐ Yes ☑ No					
	If "Yes," describe thes										
3				changes in how it condu	icts, any program						
	services?					☐ Yes ☑ No					
	If "Yes," describe thes		e O.								
4		=		nts for each of its three	largest program services, as measu	red by expenses.					
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.										
	expenses, and revenu	ie, ir any, for each pro	gram service re	portea.							
4a	(Code:	) (Expenses \$	2,852,237	including grants of \$	) (Revenue \$	)					
	See Additional Data										
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)					
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)					
						_					
	-										
4d	Other program servic	es (Describe in Schedi	ıle O.)								
	(Expenses \$	incl	uding grants of	\$	) (Revenue \$	)					
4e	Total program serv	ice expenses ►	2,852,2	37							

Form	m 990 (2019) Page								
Par	t IV Checklist of Required Schedules								
			Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes						
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥦	2	Yes						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No					
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	No					
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part   2	6		No					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No					
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No					
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes						
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.								
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes						
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes						
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No					
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No					
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes						
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes						
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Yes						
Ь	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a	165	No					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No					
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		No					
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No					
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No					

 $\mathbf{b}$  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

21

orm '	990 (2019)			Page <b>4</b>
Parl	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> Ц</u>
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

43

0

1c

Yes

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	25				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No		
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	₹).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on <b>6a</b>		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	vere <b>6b</b>				
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?	rvices <b>7a</b>	Yes			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	· 13a				
b	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
c	Enter the amount of reserves on hand	$\dashv$ $\mid$				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exparachute payment(s) during the year?	cess . 15		No		
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .  If "Yes," complete Form 4720, Schedule O.	. 16		No		

01111	556 (2015)			rage
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to	lines <b>V</b>
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
10-	Did the every institut have least shoutour hypothese av affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		NO
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
TIA	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b	taxable entity during the year?	16a		No
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶  TN , KY , AL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►ELIZABETH MCLAURIN 4000 FRANKLIN PIKE NASHVILLE, TN 37204 (615) 244-5263			
		F	orm 99	0.(201)

Part VII

(17) ALYSIA MERCER

DIRECTOR OF FINANCE

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part  $\mbox{\rm VII}\,$  .

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization	and any relate		nizati	ons.	,		٠	p.0,000 mile (000m)		,,,,,,	
• List all of the organization's <b>former director</b> organization, more than \$10,000 of reportable co	ompensation fro	m the									
See instructions for the order in which to list the	•										
Check this box if neither the organization no  (A)  Name and title	(B) Average hours per week (list any hours	Position that pers	on (do an on on is	(C) o not e both	t che x, u		ore	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)		
(1) GREG VITAL DIRECTOR	1.00	Х						0	0	0	
(2) JOE HODGSON DIRECTOR	1.00	X						0	0	0	
(3) KATE SHERRARD CHINN DIRECTOR	1.00	X						0	0	0	
(4) ROSEMARY MCILHENNY DIRECTOR	1.00	Х						0	0	0	
(5) CHARLES ELCAN DIRECTOR	1.00	Х						0	0	0	
(6) KELLY GILL DIRECTOR	1.00	Х						0	0	0	
(7) LYNN LASSITER KENDRICK DIRECTOR	1.00	Х						0	0	0	
(8) MARTIN BROWN JR DIRECTOR & SECRETARY	2.00	Х		х				0	0	0	
(9) KIMBERLY KAEGI DIRECTOR	1.00	Х						0	0	0	
(10) GENTRY BARDEN DIRECTOR & BOARD CHAIR	2.00	Х		х				0	0	0	
(11) DAVID DARST DIRECTOR & TREASURER	2.00	Х		х				0	0	0	
(12) ELIZABETH MCLAURIN DIRECTOR & PRESIDENT/CEO	40.00	Х		х				145,925	0	11,258	
(13) ROBERT BRANDT DIRECTOR	1.00	Х						0	0	0	
(14) DOUG CAMERON DIRECTOR	1.00	Х						0	0	0	
(15) MARK MANNER DIRECTOR & IMMEDIATE PAST	1.00	Х						0	0	0	
(16) LOUISE BEASLEY DIRECTOR	1.00	Х						0	0	0	

40.00

21,406

97,539

Part VII

Page 8

		1		<u> </u>		,		,					
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than one box, unless person cor is both an officer and a director/trustee) on						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099-		(F) Estimated amount of othe compensation from the organization and	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		reiati organiza	
	EMILY PARISH PRESIDENT OF CONSERVA	40.00			х				113,485		0		12,057
											+		
сТ	Sub-Total	VII, Section A				1	•		356,949	0			44,721
2	Total number of individuals (including but of reportable compensation from the orga	t not limited to				/e) v	vho re	ceive	ed more than \$100	,000			
3	Did the organization list any <b>former</b> offic line 1a? If "Yes," complete Schedule J for							-	est compensated er	mployee on	3	Yes	No No
4	For any individual listed on line 1a, is the organization and related organizations graindividual									he	4	Yes	
5	Did any person listed on line 1a receive o services rendered to the organization?If "									dual for	5		No
Se	ection B. Independent Contractors												
1	Complete this table for your five highest of from the organization. Report compensat										ens	sation	
(A) Name and business address  (B) Description of services							(C) Compensation						
	<del></del>										Ī		

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

compensation from the organization  $\blacktriangleright$  0

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

		(2019)							Page <b>9</b>
Part	VIII	<del></del> -							
		Check if Sched	dule O contains a	respo	onse or note to an	y line in this Part VIII		(0)	<u> </u>
						(A) Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	( <b>D)</b> Revenue
						Total revenue	exempt	business	excluded from
							function	revenue	tax under sections
	14	F-1	•				revenue		512 - 514
s S	la	Federated campa	aigns	1a					
<b>E E</b>	ŀ	<b>b</b> Membership dues	s	<b>1</b> b					
Contributions, Gifts, Grants and Other Similar Amounts	١,	c Fundraising even	its	1c	162,500				
), \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		-			<u>                                       </u>				
ڃ≝ہ	۱ '	d Related organiza	tions	1d					
9 ≅	6	Government grants	(contributions)	1e					
ns Sin	f	All other contributio	ons, gifts, grants,						
÷ ;		and similar amounts above	s not included	1f	2,468,956				
E E	١,	Noncash contributio	ons included in		 [				
ĒŌ	1	lines 1a - 1f:\$	mo moradoa m	<b>1</b> g	35,391				
ng p	١.								
S E	'	<b>h Total.</b> Add lines :	1a-1r	•	>	2,631,456			
					Business Code				
	2a								
a)									
ž									+
ē.	b								
Program Service Revenue									+
es	С								
` <b>⋝</b> 55		-							+
υň	d								
anı									+
±₿c	е								
Ĕ									+
	f	All other program	service revenue						
	а	Total. Add lines 2	2a_2f						
						1	T		
		Investment income imilar amounts)				152,733	3		152,733
		Income from invest			· ·	<u> </u>			
	51	Royalties				<u> </u>			
			(i) Rea	al	(ii) Personal				
	-	Cross rents	_						
		Gross rents	6a						
	b	Less: rental	6ь						
		expenses							
	С	Rental income or (loss)	6c						
	اء ما	Net rental income				_			
	u	i Net rental income							
			(i) Secur	ities	(ii) Other				
	7a	Gross amount							
		from sales of assets other	7a						
		than inventory							
	b	Less: cost or							
		other basis and sales expenses	7b						
		sales expenses							
	С	Gain or (loss)	7c						
	d	Net gain or (loss)							
		Gross income from fu			· · •			1	+
ě		(not including \$	162,500 of						
ž		contributions reported							
Other Revenue		See Part IV, line 18		8a	245,06	6			
ď	b	Less: direct expen	ises	8b	164,10	5			
er		Net income or (los		ina ev	ents	 80,961	լ		80,961
ŧ	_	31 (100	,	5 -7	ents •			1	
	9a	Gross income from	gaming activities						
	_	See Part IV, line 19		9a					
	<u>ا</u>	I acci direct come	rec	9b					
		Less: direct expen			ios				
	С	Net income or (los	oo) HOIH gaming	activit	les			1	+
	10	Cross sales (C)	ankamı I						
	TUS	Gross sales of inve returns and allowa	entory, iess ances -	40-					
				10a		_			
	b	Less: cost of good	s sold	10b					
	С	Net income or (los	ss) from sales of	<u>inv</u> ent	tory ►		<u> </u>	<u></u>	
		Miscellaneo			Business Code				
	11	a							
	b	)							
	c								+
							<u> </u>	<u></u>	
	d	All other revenue							
	е	Total. Add lines 1	1a-11d		•				<del>                                     </del>
					-			+	+
	12	Total revenue. S	ee instructions		* * * * <b>*</b>	2,865,150		o	0 233,694
						. ,	•	•	

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co		-		ımn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u>U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	401,674	305,272	32,134	64,268
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	770,581	603,268	44,627	122,686
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,462	12,599	1,346	2,517
9 Other employee benefits	74,380	56,880	6,068	11,432
<b>10</b> Payroll taxes	113,151	72,387	27,418	13,346
11 Fees for services (non-employees):	,	,	,	
a Management				
b Legal	2,033		813	1,220
<del>_</del>	19,688	16,048	1,456	2,184
c Accounting	15,000	10,040	1,430	2,104
d Lobbying				
e Professional fundraising services. See Part IV, line 17	34,034	20.792	1 701	3 550
f Investment management fees		29,783	1,701	2,550
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,239	3,314	170	1,755
12 Advertising and promotion				
13 Office expenses	21,554	17,415	1,725	2,414
14 Information technology				
15 Royalties				
<b>16</b> Occupancy	25,652	25,357	118	177
<b>17</b> Travel	45,458	39,694	1,563	4,201
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	95,385	91,827	1,423	2,135
23 Insurance	72,049	63,078	3,589	5,382
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EASEMENT & LAND ACQUISI	1,306,376	1,306,376		
b TRANSACTION ASSISTANCE	101,302	96,114		5,188
c COMPUTER EXPENSE	46,105	37,235	3,399	5,471
d MARKETING & PUBLIC RELA	32,850	9,749	147	22,954
e All other expenses	102,022	65,841	4,966	31,215
25 Total functional expenses. Add lines 1 through 24e	3,285,995	2,852,237	132,663	301,095
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
	L			Form 000 (2010)

Form 990 (2019)

End of year

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10c

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12 13

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22 23

24

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26

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28

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31

32

33

1,750

222,290

11,176,398

10,142,799

21,319,197

21,541,487

67,886

10,357,526

7,168,416

1,750

21,541,487

220,540

Page **11** 

54,070

10,337,024

6,616,720

20,559,548

134,076

1,090

135.166

9,367,654

11,056,728

20,424,382

20,559,548

Form 990 (2019)

500

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	3,672,691	2	3,339,409
3	Pledges and grants receivable, net	255,363	3	191,984
4	Accounts receivable, net	17,855	4	19,841
5	Loans and other payables to any current or former officer, director, trustee,			

Beginning of year

Net Assets or Fund Balances

29

30

31

32

33

		Check if Schedule O contains a response or note	e to ar	ny line in this Part IX								
	_	Cook was interest basein										
	1	Cash-non-interest-bearing		·								
	2	Savings and temporary cash investments	•									
	3	Pledges and grants receivable, net	• •	•								
	4	Accounts receivable, net										
	5 6	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons										
	_	section $4958(f)(1)$ ), and persons described in se	ection 4	4958(c)(3)(B)								
Assets	7	Notes and loans receivable, net										
	8	Inventories for sale or use										
As	9	Prepaid expenses and deferred charges		. • •								
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	10,765,749								
	ь	Less: accumulated depreciation	10b	428,725								
	11	Investments—publicly traded securities .										
	12	Investments—other securities. See Part IV, line 11										
	13	Investments—program-related. See Part IV, line 11										
	14	Intangible assets										
	15	Other assets. See Part IV, line 11										
	16	Total assets. Add lines 1 through 15 (must equal line 34)										
	17	Accounts payable and accrued expenses										
	18	Grants payable										
	19	Deferred revenue										
	20	Tax-exempt bond liabilities										
	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D								
abilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons .	ner offi	icer, director, trustee, key								
	23	Secured mortgages and notes payable to unrela	ted thi	ird parties								
	24	Unsecured notes and loans payable to unrelated	third	parties								
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,								
	26	Total liabilities. Add lines 17 through 25 .										
Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	eck h	ere ▶ ☑ and								
<u>Б</u>	28	Net assets with donor restrictions										
Fun		Organizations that do not follow FASB ASC	958, d	check here 🕨 🗌 and								

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ted third parties . .
third parties .
yables to related third parties,
eck here ▶
```

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities and net assets/fund balances

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 62-1770549

Name: THE LAND TRUST FOR TENNESSEE INC

Form 990 (2019)

#### Form 990, Part III, Line 4a:

FOUNDED IN 1999, THE LAND TRUST FOR TENNESSEE PERMANENTLY PROTECTS LAND THROUGH A RANGE OF TOOLS, INCLUDING DONATED CONSERVATION EASEMENTS. PURCHASED CONSERVATION EASEMENTS, LAND DONATIONS, BARGAIN SALE ARRANGEMENTS, TRANSACTION FACILITATION, AND LAND PURCHASES. THE LAND TRUST HOLDS CONSERVATION EASEMENTS ON PUBLIC AND PRIVATÉ LAND, INCLUDING FARMS, FORÉSTLAND AND URBAN OPEN SPÁCES; AND WE ARE THE ONLY STATEWIDE CONSERVATION ORGANIZATION WITH AN ACTIVE FARMLAND CONSERVATION PROGRAM. WE RAISE FUNDS - OFTEN TO THE TUNE OF TRIPLE OUR OPERATING BUDGET THAT GO DIRECTLY INTO CONSERVATION PROJECTS, WHETHER FOR TRANSACTION ASSISTANCE OR FOR DIRECT ACQUISITION. WE FACILITATE ACQUISITIONS TO ADD LAND TO STATE NATURAL AREAS, STATE PARKS, STATE FORESTS, WILDLIFE PRESERVES, AND MUNICIPAL PARKS. WE ASSIST MUNICIPALITIES AND INDIVIDUALS WITH PLANNING PROCESSES AND COALITION-BUILDING AROUND THOSE PROCESSES. WE ARE ACTIVELY ENGAGED IN COMMUNITY CONSERVATION, FOSTERING COMMUNITY AWARENESS ABOUT THE PUBLIC BENEFITS OF LANDSCAPE CONSERVATION THROUGH WORKSHOPS, SCHOOL PROGRAMS, FIELD TRIPS, AND EVENTS ALL OVER THE STATE AND AT GLEN LEVEN FARM. AS OF MARCH 31, 2020, THE LAND TRUST FOR TENNESSEE HAS PERMANENTLY PROTECTED 129,054 ACRES OF LAND THROUGH 408 PROJECTS. IN FY20, THE LAND TRUST FOR TENNESSEE COMPLETED 18 NEW PROJECTS TOTALING 3,350 ACRES IN 12 COUNTIES ACROSS THE STATE. THIS INCLUDES 1,102 ACRES OF PRIME AGRICULTURAL SOILS, 16 MILES OF RIVERS AND STREAMS, AND OVER 11 MILES OF PUBLIC ROAD FRONTAGE. PROTECTED LAND INCLUDED WORKING FARMS AND FORESTS, RECREATIONAL LAND (BOTH PRIVATE AND PUBLIĆ), SCENIC VIEWSHEDS, WILDLIFE HABITAT, LAND WITH ECOLOGICAL SIGNIFICANCE, AND LAND CONTAINING SIGNIFICANT WATER RESOURCES. THESE PROPERTIES WERE PROTECTED THROUGH DONATED CONSERVATION EASEMENTS, PURCHASED CONSERVATION EASEMENTS, AND FACILITATED TRANSACTIONS. TRANSACTIONS WERE COMPLETED IN PARTNERSHIP WITH PRIVATE LANDOWNERS, PARTNER ORGANIZATIONS, METRO-NÁSHVILLE DAVIDSON COUNTY, THE DEPARTMENT OF DEFENSE AT FORT CAMPBELL, AND THE TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION ("TDEC") - STATE PARKS. CONSERVATION HIGHLIGHTS FROM FY20: SEQUATCHIE CAVE STATE NATURAL AREA: THE LAND TRUST WORKED WITH THE STATE OF TENNESSEE, DIVISION OF NATURAL AREAS, TO EXPAND SEQUATCHIE CAVE STATE NATURAL AREA BY 1000%. THIS ACQUISITION ADDED 125 ACRES OF LAND TO THE ORIGINALLY 10-ACRE NATURAL AREA, PROTECTING MANY RARE AND ENDANGERED SPECIES AND FURTHER PROTECTING THE WATERSHED. " BELLS BEND: ON BEHALF OF THE OFFICE OF THE MAYOR AND METRO NASHVILLE PARKS, THE LAND TRUST FACILITATED THE PURCHASE OF 106 ACRES OF PRIME FARMLAND IN THE BELL'S BEND AREA OF THE CUMBERLAND RIVER IN WEST NASHVILLE. THIS PÁSTORAL LANDSCAPE WILL EVENTUALLY BE CONVERTED TO A PARK WITH GREENWAY TRAIL THAT WILL LINK TO BELLS BEND PARK." ROBERTSON COUNTY: THE LAND TRUST PARTNERED WITH A LOCAL FARMING FAMILY TO CONSERVE AN ADDITIONAL 1,000 ACRES OF PRIME FARMLAND IN AN AREA OF TENNESSEE WHERE AGRICULTURE IS CRITICAL TO THE COMMUNITY'S IDENTITY AND LOCAL ECONOMY. THE LAND TRUST HAS NOW PROTECTED MORE THAN 3,900 ACRES OF FARMLAND IN ROBERTSON COUNTY, CREATING AN IMPORTANT CONSERVATION BLOCK OF PROTECTED FARMLAND IN AN AREA WITH SOME OF THE BEST SOILS IN THE STATE" FT. CAMPBELL: THE LAND TRUST COMPLETED 2 ADDITIONAL PROJECTS TOTALING 235 ACRES IN PARTNERSHIP WITH FT. CAMPBELL THROUGH THE ARMY COMPATIBLE USE BUFFER (ACUB) PROGRAM. THIS UNIQUE PARTNERSHIP HAS RESULTED IN THE PERMANENT PROTECTION OF 15 PROPERTIES TOTALING OVER 3,000 ACRES, PROTECTING CRITICAL HABITAT AND OPEN SPACE SURROUNDING THE FT. CAMPBELL ARMY BASE." WILLIAMSON COUNTY: THE LAND TRUST CONTINUED ITS WORK IN WILLIAMSON COUNTY, WHERE WE COMPLETED OUR FIRST PROJECT IN 1999. IN FY20, WE COMPLETED 3 ADDITIONAL PROJECTS TOTALING 125 ACRES. THE LAND TRUST HAS NOW COMPLETED 57 PROJECTS IN WILLIAMSON COUNTY, MORE THAN ANY OTHER COUNTY IN THE STATE. SOUTHEAST: THE LAND TRUST WORKED WITH NEIGHBORS TO PROTECT 115 ACRES OF OPEN SPACE AND FARMLAND OUTSIDE OF CHATTANOOGA, CONTINUING OUR PROMISE TO PROTECT CRITICAL LANDS WITH THE SOUTHEAST REGION OF TENNESSEE. IN ADDITION TO NEW CONSERVATION PROJECTS, THE LAND TRUST, THROUGH OUR STEWARDSHIP PROGRAM, SUCCESSFULLY MONITORED, MANAGED, AND ENFORCED APPROXIMATELY 360 EXISTING CONSERVATION EASEMENTS AND MANAGED ALMOST 1,100 ACRES OF LAND OWNED IN FEE. STAFF ALSO WORKED DIRECTLY WITH APPROXIMATELY 50 LANDOWNERS ON STEWARDSHIP ISSUES INCLUDING CONDEMNATIONS, ACTIVITY REQUESTS/APPROVALS, AND QUESTIONS THE LAND TRUST FOR TENNESSEE SPENT MUCH OF FY20 FINALIZING OUR STRATEGIC LAND CONSERVATION PLAN TO TRANSFORM OUR WORK. THIS PLAN, CALLED FOREVER TENNESSEE, IDENTIFIES 10 CONSERVATION OPPORTUNITY REGIONS (CORS) WITH SIGNIFICANT CONSERVATION OPPORTUNITIES AND OUTLINES STRATEGIES FOR OUTREACH AND CONSERVATION OVER THE NEXT 10 YEARS. WE ARE THE FIRST STATEWIDE LAND TRUST TO SURVEY CONSERVATION RESOURCES ACROSS AN ENTIRE STATE-USING GEOGRAPHIC INFORMATION SYSTEMS (GIS) DATA AND PUBLIC INPUT-TO SET GOALS FOR PROTECTION OF LANDS WITH THE HIGHEST CONSERVATION VALUE. OUR INPUTS INCLUDED SOME 25+ DATASETS, REPRESENTING CRITICAL WILDLIFE HABITAT, FERTILE SOILS, CLIMATE CHANGE RESILIENCY, HISTORIC SITES, AND MORE, COMBINED WITH OVER 1,000 SURVEY RESPONSES FROM ACROSS TENNESSEE. WE ALSO INCLUDED POPULATION GROWTH PROJECTIONS TO ENSURE PRIORITIZATION OF THE MOST THREATENED LANDS. THERE WERE FOUR MAIN COMPONENTS OF THE PLAN: GIS MAPPING AND DATA ANALYSIS; GATHERING PUBLIC INPUT REGARDING CONSERVATION PRIORITIES; CREATING AN INTERNAL-FACING PLAN TO GUIDE OUR WORK; AND DRAFTING, DESIGNING, AND PRINTING AN EXTERNAL-FACING PLAN TO BE USED AS A COMMUNICATIONS TOOL FOR DONORS, LANDOWNERS, AND SUPPORTERS ACROSS TENNESSEE. SNAPSHOTS OF THE PLAN WERE REVEALED AND CELEBRATED AT THE MAY 2019 ANNUAL MEETING AND CELEBRATION. THE EXTERNAL-FACING PUBLICATION, FEATURING PHOTOGRAPHY FROM NATIONAL GEOGRAPHIC PHOTOGRAPHER STEPHEN ALVAREZ, WAS FINALIZED AND READY FOR DISTRIBUTION IN SEPTEMBER OF 2019. THE LAND TRUST FOR TENNESSEE'S GLEN LEVEN FARM - LOCATED JUST FOUR MILES FROM THE CENTER OF DOWNTOWN NASHVILLE - IS TRULY THE "FRONT DOOR" OF THE ORGANIZATION. ALL OF OUR ACTIVITIES AND EVENTS ON SITE ARE TO RAISE THE VISIBILITY OF THE LAND TRUST AND THE IMPORTANCE OF LAND CONSERVATION. IN FY20, GLEN LEVEN FARM CONTINUED TO GROW AS A CENTER FOR CONSERVATION EDUCATION. FIVE SCHOOL GROUPS, TOTALLY OVER 200 STUDENTS, PARTICIPATED IN THE ORGANIZATION'S SPRING AND FALL OUTDOOR-BASED FIELD TRIP PROGRAM, "NATURE'S CLASSROOM". IN ADDITION, THE LAND TRUST STAFF CONDUCTED NUMEROUS TOURS OF THE PROPERTY FOR ADULTS AND DEVELOPED PARTNERSHIPS WITH SECONDARY SCHOOLS AND UNIVERSITIES. WE ALSO HOSTED 12 VOLUNTEER GROUPS, INCLUDING SCOUT TROOPS, CORPORATE GROUPS, AND SCHOOL GROUPS- TO WORK ONSITE TO ASSIST US IN MAINTAINING AND IMPROVING GLEN LEVEN FARM. COMMUNITY OUTREACH ALSO INCLUDED MISSION-RELATED PUBLIC PROGRAMS AND EVENTS ON THE FARM, INCLUDING ONCE IN A BLUE MOON, THE ORGANIZATION'S LARGEST EVENT WHICH ATTRACTED OVER 700 GUESTS TO THE FARM IN OCTOBER 2019. DURING FY20, THE LAND TRUST FOR TENNESSEE CELEBRATED THE ORGANIZATIONS 20TH ANNIVERSARY. TO CELEBRATE THIS MILESTONE YEAR, THE ORGANIZATION HELD A SPECIAL CELEBRATION OF SUPPORTERS, UNVEILED A NEW LOGO AND WEBSITE, COMPLETED THE STRATEGIC CONSERVATION PLAN, AND RECOGNIZED LANDOWNERS AND LEADERS WHO HAVE HELPED THEM ACHIEVE SUCCESS. AS PART OF THIS CELEBRATION, THE LAND TRUST CONVEYED THE HONOR OF BOARD MEMBER EMERITUS TO 6 FORMER BOARD MEMBERS, INCLUDING FORMER GOVERNOR PHIL BREDESEN, TO RECOGNIZE THEM FOR THEIR EXTRAORDINARY GIFTS OF SERVICE, CONSERVATION EASEMENTS, LAND, OR FINANCIAL COMMITMENTS TO THE ORGANIZATION. DURING FY20, THE LAND TRUST ALSO REVIEWED AND REVISED ALL PERTINENT POLICIES AND PROCEDURES. THE ORGANIZATION COMPLETED REVISIONS OF THE EMPLOYEE MANUAL, EMERGENCY SUCCESSION PLAN, FINANCIAL PROCEDURES MANUAL, CONFLICTS OF INTEREST POLICY, WHISTLEBLOWER POLICY, RECORDS POLICY, GIFT ACCEPTANCE POLICY, AND THE STANDARDS AND PRACTICES MANUAL, AND CREATED A NEW BOARD OF DIRECTORS MANUAL. THESE REVISIONS SET THE STAGE FOR THE ORGANIZATION TO APPLY FOR ACCREDITATION RENEWAL THROUGH THE LAND TRUST ALLIANCE ACCREDITATION COMMISSION. THE LAND TRUST BEGAN THE RENEWAL PROCESS IN SUMMER OF 2019 AND SUBMITTED OUR FULL APPLICATION IN FEBRUARY OF 2020. THROUGHOUT FY20, THE LAND TRUST PARTICIPATED IN OVER 50 PUBLIC EVENTS, INCLUDING SPEAKING ENGAGEMENTS, BOOTH DISPLAYS, FIELD DAYS, FESTIVALS, AND CONFERENCES. THROUGH THESE EVENTS, WE ESTIMATE THAT WE HAVE REACHED OVER 3,000 LANDOWNERS, COMMUNITY MEMBERS, ADVISORS, AND LOCAL OFFICIALS. WE ALSO PROVIDED INDIVIDUALIZED CONSERVATION INFORMATION TO HUNDREDS OF LANDOWNERS INTERESTED IN LEARNING ABOUT CONSERVATION OPTIONS THROUGH ONE-ON-ONE CONVERSATIONS AND ON-SITE MEETINGS. THE LAND TRUST'S OUTREACH AND ENGAGEMENT HAVE RESULTED IN A PIPELINE OF OVER 50 ACTIVE PROJECTS FOR FY21.

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SCI	HED	ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if the o	organization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	a section	2019
		the Treasury	► Go to <u>www.ir</u>	<u>s.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nie Service ne organiza .UST FOR TENN					Employer identific	ation number
IIIL D	AND IN	.031 TOK TENI	ALSSEE INC				62-1770549	
	rt I		for Public Charity Stat				See instructions.	
1 ne c	rganiz		a private foundation becaus onvention of churches, or a	•			(A)(:)	
		,	,				. ,.,	
2			scribed in section 170(b)		,			
3		·	or a cooperative hospital sei	_			-	
4	Ш	A medical r name, city,	esearch organization opera and state:	ted in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(III). E	nter the hospital's
5			ation operated for the benef (iv). (Complete Part II.)	it of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local government o	r governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	✓		ation that normally receives ' <b>O(b)(1)(A)(vi).</b> (Complet		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization d rant college of agriculture. S					ege or university or a
10		from activit investment	ation that normally receives ties related to its exempt fu income and unrelated busi See <b>section 509(a)(2).</b> (C	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operate	d exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).	
12		more public	ation organized and operate cly supported organizations othrough 12d that describes	described in section 5	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a	
a		<b>Type I.</b> A so	supporting organization ope n(s) the power to regularly Part IV, Sections A and B	rated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sunt of the supporting organization Applete Part IV, Sections A	pervised or controlled i cation vested in the sar				
С		Type III f	unctionally integrated. A programme in a commercial construction (s) (see instruction in a commercial construction in a commercial c	supporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated integrated integrated. The organization in You must complete Pa	ed. A supporting organion generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization rece or Type III non-functionally	ived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations		-		<u> </u>	
g	Provi	de the follow	ing information about the s	upported organization(	s).			
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the I	<u> </u>	Cat. No. 11285		 Schedule A (Form 9	<u> </u>

3	to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	3,388,124	3,593,516	2,968,997	4,747,666	2,783,286	17,481,589
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,726,715
-	<b>Public support.</b> Subtract line 5 from line 4.						13,754,874
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,388,124	3,593,516	2,968,997	4,747,666	2,783,286	17,481,589
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,899	55,584	45,751	139,412	152,733	457,379
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain						
LTU	Other income, Do not include gain	I	I		ı		

	activities, whether or not the business is regularly carried on			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).			
11	<b>Total support.</b> Add lines 7 through 10			
12	Gross receipts from related activities,	etc. (see instruction	ons)	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, four
l				

17,938,968 12 1,624,176 or fifth tax year as a section 501(c)(3) organization,

14

15

Schedule A (Form 990 or 990-EZ) 2019

76.680 %

78.150 %

Section C. Computation of Public Support Percentage

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Р	art III Support Schedule for						
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)						
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON TIME 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
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Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O			. Part VIV. See	
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1			
а	Average monthly value of securities	1a			
b	Average monthly cash balances	<b>1</b> b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	Section C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions					
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions if any for years prior to 2019					

	***		
7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
		·	

c From 2016		
d From 2017		
e From 2018		
<b>Total</b> of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019. . . . .

## **Additional Data**

### Software ID: Software Version:

**EIN:** 62-1770549

Name: THE LAND TRUST FOR TENNESSEE INC

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

instructions).

Facts And Circumstances Test

DLN: 93493047008221

OMB No. 1545-0047

### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

2019

	rtment of the Treasury	➤ Complete if the o Part IV, line 6, 7, 8, 9, ➤ Go to www.irs.gov/For	10, 11a, 11b, 11c ► Attach to Form	, 11d, : 990.	l1e, 11f, 12a, or	12b.			to Public pection
	me of the organ						oloyer identific		
	E LAND TRUST FOR T						•		
Đ	art I Organi	zations Maintaining Donor Adv	ised Funds or O	ther S	imilar Funds o		1770549		
		te if the organization answered "Y				JI ACC	oures.		
	•	-	(a) Dono	or advise	ed funds		(b) Funds and o	other a	ccounts
-	Total number at	end of year							
2	Aggregate value	of contributions to (during year)							
1	Aggregate value	of grants from (during year)							
ļ	Aggregate value	at end of year							
5		ition inform all donors and donor advis roperty, subject to the organization's e					funds are the		Yes 🗌 No
•	charitable purpo	tion inform all grantees, donors, and coses and not for the benefit of the dono	or or donor advisor,	or for a	ny other purpose				Yes 🗌 No
Pa		vation Easements.							
		te if the organization answered "Y							
•		enservation easements held by the orga	•		• •				
		on of land for public use (e.g., recreation	on or education)	<u>✓</u>	Preservation of an	histor	ically important	land ar	rea
	✓ Protection	of natural habitat		Ш	Preservation of a	certifie	d historic structu	ıre	
	✓ Preservation	on of open space							
2		2a through 2d if the organization held a e last day of the tax year.	a qualified conserva	tion con	tribution in the fo	rm of a	conservation  Held at the	End of	the Year
а	Total number of	conservation easements				2a			368
b	Total acreage re	stricted by conservation easements				2b			96,569.00
С	Number of conse	ervation easements on a certified histor	ric structure include	d in (a)		2c			
d		ervation easements included in (c) acqu n the National Register	uired after 7/25/06,	and no	t on a historic	2d			
1	Number of constax year ►	ervation easements modified, transferr 1	ed, released, exting	guished,	or terminated by	the org	ganization during	g the	
ļ	Number of state	s where property subject to conservati	on easement is loca	ated 🕨			2		
;		zation have a written policy regarding to the conservation easements it hold				of viola	— ations, ☑ Ƴ	/es	□ No
<b>,</b>	Staff and volunt	eer hours devoted to monitoring, inspe 2400.00	ecting, handling of v	riolation	s, and enforcing c	onserva			the year
,	Amount of expe	nses incurred in monitoring, inspecting 248,003	, handling of violation	ons, and	l enforcing conser	vation	easements durir	ng the	year
3		ervation easement reported on line 2(d (h)(4)(B)(ii)?				.70(h)(	4)(B)(i)	'es	□ No
)	balance sheet, a	cribe how the organization reports con and include, if applicable, the text of the 's accounting for conservation easeme	e footnote to the or						
aı		zations Maintaining Collections		cal Tre	asures, or Oth	ner Sii	milar Assets.		
		te if the organization answered "Y	·		•				
.a	art, historical tre	on elected, as permitted under SFAS 1 easures, or other similar assets held fo XIII, the text of the footnote to its fina	r public exhibition, e	educatio	n, or research in t				orks of
b									
1	(i) Revenue includ	ed on Form 990, Part VIII, line 1					<b>▶</b> \$		
		in Form 990, Part X							
, `	_	on received or held works of art, histor					-		

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

d Equipment . . . .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Sche	dule D	(Form 990) 2019									Page <b>2</b>
Par	3111	Organizations M	aintaining Col	lections of Art,	Histori	cal Treas	sures, or	Other	Similar Asset	t <b>s</b> (contii	nued)
3		the organization's acq (check all that apply):		n, and other records	, check a	any of the	following t	hat are a	significant use o	of its colle	ection
а		Public exhibition			d	☐ Loa	ın or excha	ange prog	ırams		
b		Scholarly research			e	☐ Oth	ner				
c		Preservation for future	e generations								
4	Provic Part X	de a description of the	organization's col	lections and explain	how the	ey further t	he organiz	ation's ex	kempt purpose ir	1	
5		g the year, did the org s to be sold to raise fur								Yes	□ No
Par	t IV	Escrow and Cust Complete if the or X, line 21.			rm 990	, Part IV,	line 9, or	reporte	ed an amount o	on Form	990, Part
1a		organization an agent led on Form 990, Part I							-	Yes	☑ No
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete the f	ollowina	table:	[		Amou	unt	
c		ning balance					.	1c	70		
d	_	ons during the year .					T T	1d			
е		butions during the year					T I	1e			
f		g balance					T I	1f			
2a	Did th	- ne organization include	an amount on Fo	orm 990. Part X. line	21. for	escrow or a	ustodial a	ccount lia	ability?	Vec	 □ No
b		s," explain the arrange							· _		
	rt V	Endowment Fund		. Check here if the e	zypianiaci	on has bee	in provided	a III Fait /	<u> </u>	<u> </u>	
		Complete if the or		vered "Yes" on Fo	rm 990	, Part IV,	line 10.				
				(a) Current year	<b>(b)</b> P	rior year		ears back	(d) Three years b		our years back
	_	ing of year balance .		2,639,597		2,659,525		2,568,066	2,420,	240	2,511,448
		utions		-79,890		-13,308		105,359	161,	690	-75,014
		estment earnings, gair	·	-79,890		-13,300		103,339	101,	090	-75,014
		or scholarships									
	and pro	expenditures for facilities		110,000							
		strative expenses .		12,571		6,620		13,900			16,194
g		year balance		2,437,136		2,639,597	<u> </u>	2,659,525	2,568,	066	2,420,240
2		le the estimated perce		•	e (line 1g	g, column (	(a)) held a	s:			
а		designated or quasi-e	ndowment •	100.000 %							
b		anent endowment 🟲									
С		orarily restricted endo	***************************************								
3a	Are th	ercentages on lines 2a nere endowment funds ization by:	•	·	tion that	are held a	and admini	stered fo	r the		Yes No
	-	related organizations								3a(i)	No No
		elated organizations .								3a(ii)	No
b	If "Ye	s" on 3a(ii), are the re	lated organizatior	ns listed as required	on Sche	dule R? .				3b	
4	Descr	ibe in Part XIII the inte	ended uses of the	organization's endo	wment f	unds.					
Pai	t VI	Land, Buildings,									
	Doscri	Complete if the or	ganization ansv (a) Cost or oth			<u>, Part IV,</u> basis (other			m 990, Part X		ook value
	Descri	ption of property	(a) Cost or our		. or ourer	rasis (otile)	(C) ACC	amulateu (	icpi eciation	(u) BC	ok value
1~	اعدم					7,114,77	1				7,114,771
	Land Building					3,488,73			354,963		3,133,770
						4,92			2,873		2,052
C	reazeU.	old improvements				7,72	·~ I		2,0/3		2,002

157,320

86,431

10,337,024

70,889

	(101111 990) 2019					Page 3
Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form  (a) Description of security or category  (including name of security)	rm 990, Part IV, lir (b) Book value	ne 11b	(c) Metho	Part X, line 12. d of valuation: -year market value	
	al derivatives					
(3) Other _	MENTS WITH DONOR RESTRICTIONS	4,009,189			F	
	MENTS WITH BOARD DESIGNATIONS	2,607,531			<u>'</u> F	
(C)	TENTS WITH BOARD DESIGNATIONS	2,007,331				
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	Investments—Program Related.	6,616,720				
	Complete if the organization answered 'Yes' on Fo	rm 990, Part IV, lin	ne 11c			.l. akian .
	(a) Description of investment			(b) Book value	(c) Method of va Cost or end-of-year value	ar market
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		Þ			
	Complete if the organization answered 'Yes' on For	m 990, Part IV, line	e 11d.	See Form 990, Par	t X, line 15. (b) Book	value
(1)	(a) Description				(3) 2001	varac
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	umn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on For		e 11e	or 11f.See Form		
1. (1) Federal	(a) Description of liab	oility			(b) Book va	llue ————
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	on (b) must equal Form 990, Part X, col.(B) line 25.)  for uncertain tax positions. In Part XIII, provide the text of t	he footnote to the con	ıanizat	ion's financial state	mente that renewte t	1,090
-	or uncertain tax positions. In Part XIII, provide the text of the order of the control of the co	=				_

2

b

Part XII

1

2

c

d

е

3

4

Schedule D (Form 990) 2019

Page 4

-443,396

3,029,255

-164,105

2,865,150

3,480,674

194,679

3,285,995

Schedule D (Form 990) 2019

#### Recoveries of prior year grants . . . . . d Other (Describe in Part XIII.) 2d -103.349Add lines 2a through 2d . . . . . е 2e 3

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

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

-473.970

133.923

4c

1

2e

3

133,923

60,756

2a

2b

2c

2a

2b

2c

2d

Subtract line 2e from line 1 . . . . . . . . . . 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Add lines 4a and 4b . C Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5

Total expenses and losses per audited financial statements . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Donated services and use of facilities . . . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

See Additional Data Table

Subtract line 2e from line 1 .

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . . .

-164,105 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

•	, and and an analysis of the						
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b	Other (Describe in Part XIII.) .	4b					
c	Add lines <b>4a</b> and <b>4b</b>		4c				
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.)	5	3,285,99			
Par	Part XIII Supplemental Information						
		art II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V 2d and 4b. Also complete this part to provide any additional information.	V, line	4; Part X, line 2; Part			
	Return Reference Explanation						

chedule D (Forn	n 990) 2019	Page <b>5</b>
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

### **Additional Data**

Software Version:

**EIN:** 62-1770549

Name: THE LAND TRUST FOR TENNESSEE INC.

## **Supplemental Information**

Return Reference Explanation

Software ID:

PART II, LINE 3: CONDEMNATION AND EXTINGUISHMENT OF 0.78 ACRES OF THE 009 SUGG CONSERVATION EASEMENT BY THE TENNESSEE DEPARTMENT OF TRANSPORTATION FOR A ROAD-WIDENING AND IMPROVEMENT PROJECT.

Supplemental Information	1
Return Reference	Explanation
PART II, LINE 5:	EASEMENT MONITORING: THE LAND TRUST FOR TENNESSEE IS AN ACCREDITED LAND TRUST. ACCREDITATI ON RECOGNIZES AN ORGANIZATION'S COMMITMENT TO EXCELLENCE AND CONTINUAL LEARNING AND IMPROV EMENT. MONITORING IS THE REGULAR AND SYSTEMATIC GATHERING OF INFORMATION ABOUT A CONSERVED PROPERTY TO DETECT CHANGES AND TO ENSURE THAT THE PROPERTY IS BEING USED IN ACCORDANCE WITH THE RESTRICTIONS PLACED ON IT AND/OR MANAGEMENT PLAN. EACH PROPERTY, WHETHER PROTECTED BY A CONSERVATION EASEMENT OR OWNED BY LITTN (THE LAND TRUST FOR TENNESSEE), WILL BE MONITO RED AT LEAST ONCE ANNUALLY IN A MANNER APPROPRIATE TO THE SIZE AND RESTRICTIONS OF THE PRO PERTY. MONITORS MAY INCLUDE LITTN STAFF, BOARD OR COMMITTEE MEMBERS, TRAINED VOLUNTEERS, AN D RELEVANT PROFESSIONALS. THE MONITOR FOLLOWS THE FOLLOWING BASIC STEPS FOR THE MONITORING VISIT: 1.CONTACT THE LANDOWNER TO INFORM HIM/HER OF THE VISIT AND TO INVITE THE LANDOWNER TO ACCOMPANY THE MONITOR. 2.PRIOR TO THE VISIT, REVIEW THE BASELINE DOCUMENTATION REPORT, PAST MONITORING REPORTS, AND THE CONSERVATION EASEMENT OR THE MANAGEMENT PLAN, WHICHEVER IS APPLICABLE, VIA FILE OR DATABASE. 3.BRING CONSERVATION EASEMENT ON THE STEWARDSHIP MONITOR RE LEASE FORM IF NOT COMPLETED AT VOLUNTEER TRAINING. 5. INSPECT THE CONSERVED PROPERTY, EITHE R FROM THE AIR OR ON THE GROUND. WHILE INSPECTING, TAKE NOTES AND PHOTOGRAPHS. 6.FILL OUT A STEWARDSHIP SITE VISIT MONITORING FORM, PROVIDING A WRITTEN DOCUMENTATION OF WHAT WAS SEEN AND SUBMIT TO THE DIRECTOR OF STEWARDSHIP. IF THERE IS A SUSPECTED VIOLATION OF THE CONSERVATION EASEMENT, THEN THE FOLLOWING ENFORCEMENT OF EASEMENTS: LITTN IS COMMITTED TO PROTECTING THE CONSERVATION VALUES AND PURPOS ES EMBODIED IN ITS CONSERVATION EASEMENTS. AS A GENERAL RULE, THE BOADAD OF DIRECTORS OF LITTN WILL ENFORCE THE TERMS OF OTHER CONSERVATION DEASEMENTS, AND MAINTAIN PUBLIC CONFIDENCE IN LITTN MISSION, SUPPORT LITTN'S LEGAL AUT HORITY TO ENFORCE THE TERMS OF OTHER CONSERVATION DEASEMENTS, AND MAINTAIN LITTN'S LEGAL AUT HORITY TO ENFORCE THE TERMS OF OTHER CONSERVATI

Supplemental Information	
Return Reference	Explanation
PART II, LINE 5:	ANDOWNER OR SOME OTHER PERSON. THE MONITORING STEWARD WILL REFRAIN FROM DISCUSSING THE SUS PECTED VIOLATION WITH THE LANDOWNER. 2.THE MONITORING STEWARD OR STAFF PERSON WILL IMMEDIA TELY REPORT THE SUSPECTED VIOLATION TO THE DIRECTOR OF STEWARDSHIP, WHO, IN TURN, WILL IMM EDIATELY INFORM THE VICE PRESIDENT OF CONSERVATION AND OTHER APPROPRIATE MEMBERS OF LITIN S TAFF. 3.THE DIRECTOR OF STEWARDSHIP OR DESIGNATED STAFF MEMBER THEN CONSULTS THE ORIGINAL TERMS OF THE CONSERVATION EASEMENT AND EVALUATES THE DOCUMENTATION REGARDING THE SUSPECTED VIOLATION. IN THE CASE OF A NON-STEWARD OBSERVER, THE STEWARDSHIP MANAGER OR THE DIRECTOR OF STEWARDSHIP WILL SCHEDULE A MONITORING VISIT WITH THE LANDOWNER TO INSPECT THE SITE OF THE SUSPECTED VIOLATION AND TAKE PHOTOGRAPHS. THIS PHYSICAL INSPECTION WILL BE PERFORMED BY THE STEWARDSHIP MANAGER, DIRECTOR OF STEWARDSHIP, VP OF CONSERVATION, A BOARD MEMBER, OR ANY COMBINATION THEREOF. 4.ALL DOCUMENTATION OF THE SUSPECTED VIOLATION (INCLUDING PHOTO GRAPHS, IF ANY) WILL BE RECORDED IN LITIN'S STEWARDSHIP FILES RELATING TO THE AFFECTED CONS ERVATION EASEMENT. 5.UNLESS IT IS CLEAR THAT NO VIOLATION OF THE CONSERVATION EASEMENT HAS OCCURRED, THE STEWARDSHIP MANAGER OR THE DIRECTOR OF STEWARDSHIP WILL THEN DISCUSS POTENT IAL RESOLUTIONS WITH OTHER STAFF MEMBERS. IN ADDITION, THE LAND PROTECTION STAFF MAY DISCUSS POTENTIAL RESOLUTIONS WITH OTHER STAFF MEMBERS. IN ADDITION, THE LAND PROTECTION STAFF MAY DISCUSS POTENTIAL RESOLUTIONS WITH THE STEWARDSHIP AND CONSERVATION COMMITTEE, LITTN'S ATTORNEY, AND THE BOARD OF DIRECTORS WHEN APPROPRIATE. 6.THE DIRECTOR OF STEWARDSHIP OR THE ATTORNEY, AND THE BOARD OF DIRECTORS WHEN APPROPRIATE. 6.THE DIRECTOR OF STEWARDSHIP OR THE LANDOWNER BY TELEPHONE TO EXPLAIN THE PROBLEM AND REPORT OF THE ANDOWNER BY TELEPHONE TO EXPLAIN THE PROBLEM AND APPROPRIATE DEADLINE FOR COMPLIANCE BY THE STEWARDSHIP AND CONSERVATION HE DAY OF THE COMPLIANCE DEADLINE, HE SITE OF THE VIOLATION WILL BE SENT TO THE LANDOWNER RETITED THAT A LETTER SUMMARIZING THE CONDESTED

Supplemental Information	
Return Reference	Explanation
PART II, LINE 5:	OOPERATION. IF ON THE SECOND DEADLINE, THE LANDOWNER REMAINS NON-COMPLIANT, THEN LTTN'S LE GAL COUNSEL, BOARD OF DIRECTORS, AND THE STEWARDSHIP AND CONSERVATION COMMITTEE WILL BE CO NTACTED TO DISCUSS POTENTIAL LEGAL ACTION. 10.WITH THE ADVICE OF LTTN'S LEGAL COUNSEL, BOA RD OF DIRECTORS, AND APPROVAL BY THE STEWARDSHIP AND CONSERVATION COMMITTEE, LTTN WILL CON SIDER ENFORCEMENT OF THE EASEMENT THROUGH MEDIATION, ARBITRATION, LITIGATION, OR OTHER MEA NS CONSISTENT WITH THE TERMS OF THE CONSERVATION EASEMENT. 11.UNLESS OTHERWISE SPECIFIED BY THE BOARD OF DIRECTORS, LTTN'S DIRECTOR OF STEWARDSHIP, PRESIDENT & CEO, OR VP OF CONSER VATION WILL ACT AS SPOKESPERSON WITH RESPECT TO THE VIOLATION WHEN AND IF THE MEDIA IS INVOLVED. THE FOREGOING NOTWITHSTANDING, ANY DETERMINATION REGARDING WHETHER AND HOW TO ENFOR CE A CONSERVATION EASEMENT IS WITHIN THE DISCRETION OF LTTN'S BOARD OF DIRECTORS, WHICH DI SCRETION WILL BE EXERCISED ON A CASE-BY-CASE BASIS.

Supplemental Information	
Return Reference	Explanation
PART II, LINE 9:	THE LAND TRUST FOR TENNESSEE DOES NOT CONSIDER CONSERVATION EASEMENTS TO HOLD ANY MONETARY VALUE. SELECT PROPERTY RIGHTS ARE DONATED TO THE LAND TRUST FOR TENNESSEE, AND THOSE RIGHTS ARE EXTINGUISHED THROUGH THE DONATION, THEREFORE THEY HAVE NO RESIDUAL VALUE OR AFFIRMATIVE RIGHTS. FINANCIAL STATEMENT FOOTNOTE: CONSERVATION EASEMENTS HELD BY THE ORGANIZATION ARE NOT RECOGNIZED AS ASSETS IN THE ACCOMPANYING FINANCIAL STATEMENTS. ASSETS ARE DEFINED AS PROBABLE FUTURE ECONOMIC BENEFITS OBTAINED OR CONTROLLED BY AN ENTITY; THE ORGANIZATION DOES NOT BELIEVE THAT THE EASEMENTS MEET THE DEFINITION CRITERIA.

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	THE BOARD-DESIGNATED QUASI-ENDOWMENT FUND ("ASHBY FUND") CONSISTS OF FUNDS THAT WERE TRANSFERRED TO THE QUASI-ENDOWMENT BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS ANTICIPATES THESE FUNDS WILL REMAIN IN THE QUASI-ENDOWMENT IN PERPETUITY, BUT MAY WITHDRAW THEM FOR OTHER USES.

\_ \_ \_

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE LAND TRUST'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME TAXES, PENALTIES, OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TAX POSITIONS.

Supplemental Information		
Return Reference	Explanation	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	DIRECT DONOR BENEFITS -103,349.	

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES -164,105.

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 164,105. DIRECT BENEFIT TO DONORS -103,349.

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493047008221 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization THE LAND TRUST FOR TENNESSEE INC 62-1770549 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

		(a)Event #1  ONCE IN A BLUE	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		MOON (event type)	ANNIVERSARY (event type)	(total number)	col. <b>(c)</b> )
Keverkie					
	1 Gross receipts	333,991	12,625	60,950	407,56
	2 Less: Contributions	162,500			162,50
4	3 Gross income (line 1 minus line 2)	171,491	12,625	60,950	245,06
	4 Cash prizes				
	5 Noncash prizes				
<u> </u>	<b>6</b> Rent/facility costs	65,968	5,464		71,43
S I	7 Food and beverages	23,629	8,959		32,58
3	8 Entertainment	4,000			4,00
5	9 Other direct expenses	45,315	4,044	6,726	56,08
- 1	10 Direct expense summary. Add lines 4 t	(ام) محمد باحج من ۵ مام برجه ما		_	
	20 Birect expense sammary, maa innes in	inrough 9 in column (a)		•	164,10
	<b>11</b> Net income summary. Subtract line 10	from line 3, column (d)			80,96
	•	from line 3, column (d)	s" on Form 990, Part I		80,96
Pari	11 Net income summary. Subtract line 10 Gaming. Complete if the organization	from line 3, column (d)	s" on Form 990, Part I  (b) Pull tabs/Instant bingo/progressive bingo		80,96 more than \$15,000 (d) Total gaming (add
Part	11 Net income summary. Subtract line 10  111 Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		80,96 more than \$15,000 (d) Total gaming (add
Part Kevelkie	11 Net income summary. Subtract line 10 Gaming. Complete if the organization	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		80,96 more than \$15,000 (d) Total gaming (add
Part Kevelkie	11 Net income summary. Subtract line 10 Gaming. Complete if the orgon on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		80,96 more than \$15,000 (d) Total gaming (add
Pari ses Kenelkie	11 Net income summary. Subtract line 10  Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		80,96 more than \$15,000 (d) Total gaming (add
Pari Experience Keverkie	Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		80,96 more than \$15,000 (d) Total gaming (add
Pari Experience Keverkie	Gaming. Complete if the orgon on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		
Cirect Expenses Reveine	Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	80,96 more than \$15,000 (d) Total gaming (add
Pari Phaises Keverie	Gaming. Complete if the orgon on Form 990-EZ, line 6a.  Gross revenue	rom line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	80,96 more than \$15,000 (d) Total gaming (add
Part Exhaust Spello	Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue	rom line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No	(c) Other gaming  Yes % No	80,96 more than \$15,000 (d) Total gaming (add
Dieci cypelises Kevelkie	Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gross revenue	(a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	(c) Other gaming  Yes % No	80,96 more than \$15,000  (d) Total gaming (add col.(a) through col.(c))
Part Exhaust Spello	Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gash prizes  Noncash prizes  Noncash prizes  Nother direct expenses  Volunteer labor  Direct expense summary. Add lines 2 for a summary. Subtract the state(s) in which the organization is the organization licensed to conduct grif "No," explain:	(a) Bingo  Yes %  No  Chrough 5 in column (d)  t line 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	(c) Other gaming  Yes % No	80,96 more than \$15,000  (d) Total gaming (add col.(a) through col.(c))
a a seried Serie	Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gross revenue	(a) Bingo  Yes %  No  Chrough 5 in column (d)  It line 7 from line 1, column (d)  to conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No No (d)	(c) Other gaming  Yes % No  No	80,96 more than \$15,000  (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>			
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио				
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes					
13	Indicate the percentage of gam	ing activity conducted in:								
а	The organization's facility .			13a			%			
b	An outside facility			13b			%			
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:						
	Name •									
	Address >									
15a			m the organization receives gaming		·∏yes	Пио				
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization 🕨 \$ and	the						
c	If "Yes," enter name and addre	ss of the third party:								
	Name •									
	Address •									
16	Gaming manager information:									
	Name 🟲									
	Gaming manager compensation ► \$									
	Description of services provided	<b>d</b> ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor							
17	Mandatory distributions:									
а	•		stributions from the gaming proceeds to		□Yes	Пио				
b	Enter the amount of distributio	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
		pt activities during the tax year 🕨	•							
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.			
	Return Reference		Explanation							

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49304	17008	221
Schedule J		Co	ompensati	ion Information	0	MB No.	1545-0	0047
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Complete if the ord	Compensa Janization answ	ited Employees ered "Yes" on Form 990, Part IV,	, line 23.	2019 Open to Public		
D	to the Towns		▶ Attach	to Form 990. instructions and the latest inform				
•	tment of the Treasury al Revenue Service	P Go to <u>www.ms.go</u>	101	mistractions and the latest miori	nation.		ectio	
	me of the organization that the contraction is the contraction of the contraction in the contraction is the contraction of the				Employer identifica	tion nu	ımber	
					62-1770549			
Pa	rt I Questi	ons Regarding Compensa	tion				I	
1a				the following to or for a person lister y relevant information regarding thes			Yes	No
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of person	•			
	☐ Tax idem	nification and gross-up payment	s $\square$	Health or social club dues or initiation	on fees			
	Discretion	ary spending account		Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding pays		1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/E	Executive Director	r, regarding the items checked on Lir	ne 1a? .     .			
3				d to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
	☐ Compens	ation committee	П	Written employment contract				
		ent compensation consultant	$\overline{\mathbf{Z}}$	Compensation survey or study				
	<b>✓</b> Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No
b	Participate in, o	or receive payment from, a supplemental nonqualified retirement plan?						No
c		r receive payment from, an equity-based compensation arrangement?						No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	licable amounts for each item in Part	: III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		No
b						5b		No
_	,	5a or 5b, describe in Part III.	A 12 A 12 L					
6		ed on Form 990, Part VII, Section on tingent on the net earnings of		the organization pay or accrue any				
a	-	1?				6a		No
b		anization?				6b		No
7	•	·	n A, line 1a. did t	the organization provide any nonfixed	d			
-				rt III		7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 				
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	8		No
For F		iction Act Notice, see the Ins			50053T Schedule		1 990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

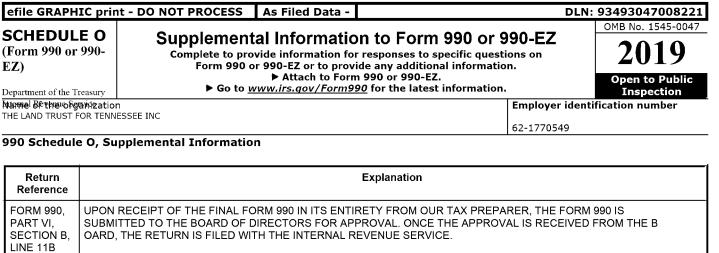
instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

<b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990				0, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.					
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & incentive compensation reportable compensation			(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1 ELIZABETH MCLAURIN DIRECTOR &	(i)	145,925	0	0	4,923	6,335	157,183	0	
PRESIDENT/CEO	(ii)	0	0	0	0	0	0	0	
								_	
								_	
								_	
								_	
								_	
								_	
		<u> </u>			<u> </u>		Schedule	J (Form 990) 2019	



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493047008221 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE LAND TRUST FOR TENNESSEE INC 62-1770549 **Types of Property** (c) (d) (a) (b) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution-Historic structures . . . . 16 0 CONSERVATION EASEMENTS 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . . PRODUCTION Χ 35,391 Other ► ( EQUIPMENT 25 Other ▶ ( \_\_\_\_\_ Other ▶ ( \_ 27 28 Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019) Page <b>2</b>					
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization				
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
Return Reference	Explanation				
	Schedule M (Form 990) (2019)				



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	STAFF, BOARD MEMBERS, AND VOLUNTEERS FILL OUT A FORM DISCLOSING ANY OF THEIR RELATED PARTIES OR POTENTIAL CONFLICTS OF INTEREST AND THAT THEY HAVE A CLEAR UNDERSTANDING OF THE ORGA NIZATION'S CONFLICT OF INTEREST POLICY. EACH STAFF MEMBER, BOARD MEMBER, AND VOLUNTEER IS EXPECTED TO DISCLOSE EITHER TO THE BOARD CHAIRMAN OR PRESIDENT & CEO ANY EXISTENCE OF ANY POTENTIAL CONFLICT OF INTEREST, TO ABSTAIN FROM PARTICIPATION IN ANY OF THE LAND TRUST'S D ISCUSSIONS, TO ABSTAIN FROM WORKING ON THE TRANSACTION AND FROM VOTING ON THE TRANSACTION OR PROJECT GIVING RISE TO SUCH CONFLICT OF INTEREST.

## 990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,
PART VI,
SECTION B,
LINE 15

ON AN ANNUAL BASIS, OUR PROCESS IS FOR EMPLOYEES TO BE FORMALLY REVIEWED AFTER THE END OF
EACH FISCAL YEAR BY THEIR SUPERVISOR. THE PRESIDENT & CEO'S COMPENSATION IS REVIEWED ANNUA
LLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE REVIEW USES THE LATEST SALAR
Y AND BENEFIT INFORMATION SURVEY CONDUCTED BY THE INDUSTRY AND THE LAND TRUST ALLIANCE. AN
Y FURTHER INFORMATION IS PROVIDED TO THE EXECUTIVE COMMITTEE AS REQUESTED.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE LAND TRUST FOR TENNESSEE'S GOVERNING DOCUMENTS ARE THEIR BYLAWS AND CHARTER, WHICH ARE REVIEWED ANNUALLY AND ARE PUBLIC RECORD, ALSO AVAILABLE BY REQUEST TO MEMBERS OF THE PUBL IC. OUR FINANCIAL STATEMENTS AND 990 ARE ALSO AVAILABLE BY REQUEST, AND ARE POSTED AT GUID ESTAR AND THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE'S GIVING MATTERS WEBSITE. THE CONFLICT OF INTEREST POLICY OF THE LAND TRUST FOR TENNESSEE'S PURPOSE IS TO IDENTIFY CONFLICTS OF INTEREST INVOLVING THE ORGANIZATION AND RELATED PARTIES (E.G. INSIDERS, RELATED PERSONS , THOSE WITH MATERIAL FINANCIAL INTERESTS IN TRANSACTIONS, SUBSTANTIAL CONTRIBUTORS, AND S TAFF), AS WELL AS SITUATIONS THAT MAY CREATE THE APPEARANCE OF A CONFLICT OF INTEREST, AND TO ADDRESS SUCH CONFLICTS AND SITUATIONS IN A MANNER THAT WILL FULLY PROTECT THE INTEGRIT Y AND REPUTATION OF THE ORGANIZATION AS WELL AS RELATED PARTIES. ON AN ANNUAL BASIS, OUR S TAFF, BOARD AND TRUSTEE COUNCIL MEMBERS ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTERES T FORM AND ACT IN ACCORDANCE WITH THIS POLICY. THE POLICY IS AVAILABLE BY REQUEST TO MEMBE RS OF THE PUBLIC.

Return Explanation

990 Schedule O, Supplemental Information

Reference	
FORM 990,	THE ORGANIZATION'S OVERSIGHT PROCESS AND SELECTION PROCESS HAVE NOT CHANGED FROM THE PRIOR
PART XII,	YEAR.
LINE 2	