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Form **990**  
Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2009****Open to Public  
Inspection****A For the 2009 calendar year, or tax year beginning** , and ending

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**FRIENDS OF WARNER PARKS, INC.**

Doing Business As

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

Room/suite

**50 VAUGHN ROAD**

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

**NASHVILLE****TN 37221****F** Name and address of principal officer:**D** Employer identification number**62-1333658****E** Telephone number**615-370-8051****G** Gross receipts \$ **8,469,831****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates

included?

☐ Yes☐ No

If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c) ( **3** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.FRIENDSOFWARNERPARKS.COM****H(c)** Group exemption number ▶**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation**M** State of legal domicile **TN****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FRIENDS OF WARNER PARK PROVIDES VOLUNTEER SERVICE TO THE NASHVILLE BOARD OF PARKS AND RECREATION IN ORDER TO PRESERVE, PROTECT, AND IMPROVE, THE HISTORIC AND NATURAL QUALITY OF THE PARKS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>40</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>40</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>5</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1495</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,753,963</b>	<b>8,336,897</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>48,711</b>	<b>48,729</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>12,428</b>	<b>24,386</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	<b>17,557</b>	<b>59,819</b>
		<b>2,832,659</b>	<b>8,469,831</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>3,316,801</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>254,345</b>	<b>215,971</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>104,649</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>314,305</b>	<b>301,744</b>
	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>568,650</b>	<b>3,834,516</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,264,009</b>	<b>4,635,315</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>8,103,439</b>	<b>14,383,119</b>
	<b>22</b> Net assets or fund balances - Subtract line 21 from line 20	<b>29,408</b>	<b>1,673,773</b>
	<b>8,074,031</b>	<b>12,709,346</b>	

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer <b>Julia Fry Landstreet</b>		Date <b>8.10.2010</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>[Signature]</b>		Date <b>08/09/10</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>FOX, KOLB &amp; ASSOCIATES, PLLC 5141 VIRGINIA WAY STE 470 BRENTWOOD, TN 37027-4452</b>		Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (see instructions) <b>P00542646</b>		EIN ▶ <b>26-0372062</b>
	Phone no ▶ <b>615-690-6550</b>		

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

☐ Yes ☐ NoFor Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  
DAAForm **990** (2009)**9-17 6**

SCANNED SEP 17 2010

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

**FRIENDS OF WARNER PARK PROVIDES VOLUNTEER SERVICE TO THE NASHVILLE BOARD OF PARKS AND RECREATION IN ORDER TO PRESERVE, PROTECT, AND IMPROVE, THE HISTORIC AND NATURAL QUALITY OF THE PARKS.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ **3,622,361** including grants of \$ ) (Revenue \$ )  
**PROJECTS HELPED TO PRESERVE AND PROTECT THE NATURAL BEAUTY OF THE PARKS. ALSO, THE PROGRAMS SUPPORTED EDUCATION PROGRAMS FOR THE PUBLIC AT THE NATURE CENTER, AS WELL AS PROVIDING FOR PARK RANGERS AND NATURALISTS. CONSERVATION EDUCATION WAS TAUGHT, AS WELL AS PROVIDING OPPORTUNITIES FOR MANY PEOPLE FOR HANDS ON EDUCATION AND OUTDOOR RECREATION.**

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶ 3,622,361**

**Part IV Checklist of Required Schedules**

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9a</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

**Section A. Governing Body and Management**

- 1a** Enter the number of voting members of the governing body **40**
- b** Enter the number of voting members that are independent **40**
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2** **X**
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **3** **X**
- 4** Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? **4** **X**
- 5** Did the organization become aware during the year of a material diversion of the organization's assets? **5** **X**
- 6** Does the organization have members or stockholders? **6** **X**
- 7a** Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a** **X**
- b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b** **X**
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
- a** The governing body? **8a** **X**
- b** Each committee with authority to act on behalf of the governing body? **8b** **X**
- 9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **9** **X**

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **TN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **BECKY FYKE**  
**4205 HILLSBORO ROAD**  
**NASHVILLE TN 37215**

NASHVILLE

TN 37215

615-370-8051





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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								<b>75,509</b>		

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 7,826,980				
	<b>b</b> Membership dues	<b>1b</b> 48,729				
	<b>c</b> Fundraising events	<b>1c</b> 420,845				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 40,343				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> Total. Add lines 1a-1f		8,336,897			
<b>Program Service Revenue</b>	<b>2a</b> PARKS SUPPORT	<b>Busn. Code</b>	48,729	48,729		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		48,729			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		24,386	-1,433	
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
		(i) Real (ii) Personal				
<b>6a</b> Gross Rents						
<b>b</b> Less rental exps						
<b>c</b> Rental inc or (loss)						
<b>d</b> Net rental income or (loss)						
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
<b>b</b> Less cost or other basis & sales exps						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		<b>a</b>				
<b>b</b> Less direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities See Part IV, line 19		<b>a</b>				
<b>b</b> Less direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> RESTRICTED REVENUES		52,514	52,514			
<b>b</b> COMMUNITY FUND ENDOWMENT GAIN		8,105	8,105			
<b>c</b> ENDOWMENT FUND		-800	-800			
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d		59,819				
<b>12</b> Total Revenue. See instructions.		8,469,831	107,115	0	25,819	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**  
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21	<b>3,316,801</b>	<b>3,316,801</b>		
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U S. 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				
<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	<b>196,620</b>	<b>90,371</b>	<b>82,517</b>	<b>23,732</b>
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>8,088</b>	<b>3,810</b>	<b>966</b>	<b>3,312</b>
<b>10</b> Payroll taxes	<b>11,263</b>	<b>5,306</b>	<b>1,345</b>	<b>4,612</b>
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>9,100</b>		<b>9,100</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	<b>9,149</b>	<b>9,149</b>		
<b>12</b> Advertising and promotion	<b>107,707</b>	<b>43,083</b>		<b>64,624</b>
<b>13</b> Office expenses	<b>9,610</b>	<b>3,204</b>	<b>3,203</b>	<b>3,203</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>2,715</b>		<b>2,715</b>	
<b>17</b> Travel	<b>1,102</b>		<b>1,102</b>	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	<b>39,773</b>	<b>39,773</b>		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	<b>11,500</b>	<b>3,834</b>	<b>3,833</b>	<b>3,833</b>
<b>24</b> Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b> <b>RESTRICTED EXPENSES</b>	<b>58,135</b>	<b>58,135</b>		
<b>b</b> <b>HILL TRACT CAMPAIGN</b>	<b>19,037</b>	<b>19,037</b>		
<b>c</b> <b>EDUCATION</b>	<b>6,928</b>	<b>6,928</b>		
<b>d</b> <b>PRINTING/POSTAGE</b>	<b>6,062</b>	<b>6,062</b>		
<b>e</b> <b>LANDSCAPING</b>	<b>5,848</b>	<b>5,848</b>		
<b>f</b> All other expenses	<b>15,078</b>	<b>11,020</b>	<b>2,725</b>	<b>1,333</b>
<b>25</b> Total functional expenses. Add lines 1 through 24f	<b>3,834,516</b>	<b>3,622,361</b>	<b>107,506</b>	<b>104,649</b>
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	456,763	1	161,886
	2 Savings and temporary cash investments	1,136,615	2	1,690,954
	3 Pledges and grants receivable, net	961,422	3	1,646,993
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,800,326		
	b Less: accumulated depreciation	10b	10c 4,821,801	10,800,326
	11 Investments—publicly traded securities	659,808	11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	67,030	15	82,960
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,103,439	16	14,383,119	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	29,408	17	16,969
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	1,656,804
	26 <b>Total liabilities.</b> Add lines 17 through 25	29,408	26	1,673,773
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,984,926	27	10,947,666
	28 Temporarily restricted net assets	3,089,105	28	1,761,680
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,074,031	33	12,709,346
34 <b>Total liabilities and net assets/fund balances</b>	8,103,439	34	14,383,119	

**Part XI Financial Statements and Reporting**

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

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

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

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

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

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

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

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

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

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

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

Form **990** (2009)

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

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

**Open to Public  
Inspection**

Name of the organization

FRIENDS OF WARNER PARKS, INC.

Employer identification number

62-1333658

## Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III )
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

[illegible]

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,203,642	729,896	404,470	2,802,675	8,336,897	13,477,580
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3	1,203,642	729,896	404,470	2,802,675	8,336,897	13,477,580
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,658,277
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						8,819,303

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	1,203,642	729,896	404,470	2,802,675	8,336,897	13,477,580
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,093	55,651	24,357	17,121	25,819	163,041
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	96,591	12,129	418,718	17,557		544,995
<b>11</b> <b>Total support.</b> Add lines 7 through 10						14,185,616
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	494,439
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	62.17 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	5.04 %
<b>16a</b> <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

- 19a** **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- b** **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- 20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.**PART II, LINE 10 - OTHER INCOME DETAIL**

\$ 544,995

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

Employer identification number

**FRIENDS OF WARNER PARKS, INC.****62-1333658****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_ \_ \_ \_ \_

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _ _ _ _ _
(ii) Assets included in Form 990, Part X	► \$ _ _ _ _ _

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

a Revenues included in Form 990, Part VIII, line 1	► \$ _ _ _ _ _
b Assets included in Form 990, Part X	► \$ _ _ _ _ _

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations  
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,800,326		10,800,326
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				10,800,326

Schedule D (Form 990) 2009



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,469,831
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,834,516
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,635,315
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	4,635,315

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

1	Total revenue, gains, and other support per audited financial statements	1	8,469,831
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,469,831
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,469,831

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

1	Total expenses and losses per audited financial statements	1	3,834,516
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,834,516
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,834,516

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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## Part XIV Supplemental Information (continued)

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>990PTVIII1C</u>		<u>NONE</u>	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	420,845			420,845
	2 Less. Charitable contributions	420,845			420,845
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				
11 Net income summary Combine line 3, column (d), and line 10					

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

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

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

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

b If "No," Explain

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

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		



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

- a** The organization's facility
- b** An outside facility

		Yes	No
<b>13a</b>	%		
<b>13b</b>	%		

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

Name ►

Address ►

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

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party

Name ►

Address ►

**16** Gaming manager information.

Name ►

Gaming manager compensation ► \$

Description of services provided ►

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

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**15a****17a**

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FRIENDS OF WARNER PARKS, INC.**

**Employer Identification number**  
**62-1333658**

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**

## Part II

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

**3 Enter total number of other organizations**

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**FRIENDS OF WARNER PARKS, INC.**

Employer identification number

**62-1333658**

**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS  
BOARD VOTES ON ADDITIONS TO THE BOARD.**

**FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
NO REVIEW WAS OR WILL BE CONDUCTED.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
EVALUATED ANNUALLY.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
EVALUATED ANNUALLY.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
ON REQUEST.**

# **B RD - FRIENDS OF WARNER PARK 2009**

**Ex-Officio:** Director of Metro Parks:

Roy Wilson  
Metro Board of Parks & Rec.  
Administrative Office  
Oman Street  
Nashville TN 37201  
862-8400

**Metro Council Representatives:** District 34: Carter R. Todd  
4005 Wallace Lane  
Nashville TN 37215  
292-2309 cell: 305-8903  
email:  
District 35: Mr. Bo Mitchell  
6861 Bridgewater Drive  
Nashville TN 37221  
616-9578 cell: 477-6718  
email:

**Young Leaders Council Intern:**

**Sunday in the Park Chairs:** 2009  
Jacqueline Hutton (Dr. Robert M.)  
229 Deer Park Circle  
Nashville, TN 37205  
hm: 353-9935 cell: 479-2242  
email:  
Elizabeth McDonald (Mrs. Mark)  
115 Jackson Boulevard  
Nashville, TN 37221  
hm: 356-7422 cell:  
email:

**Spring Spree:**  
2009

## **BOARD OFFICERS:**

**Mr. Lawson C. Allen**  
President, beginning 2008 (Board Treasurer, '03-'07)  
Investments  
Lee, Danner, Bass  
One American Center  
100 West End Avenue, Suite 1250  
Nashville, TN 37203-1370  
hm: 108 Westhampton Place  
Nashville, TN 37205  
Began Serving 2000  
Informal: Lawson Spouse: Mary Lauren  
83-1788 cell: 310-5539 244-7775 fax: 244-5778  
mail: [lawson@leedannerbass.com](mailto:lawson@leedannerbass.com)

**Julia F. Landstreet (Mrs. Beverly W., IV)**  
Vice-President, beginning 2008  
Civic Leader  
hm: 4318 Sunnybrook Drive  
Nashville, TN 37205  
Began Serving 2003  
Informal: Julia Spouse: Bev  
97-9628 cell: 579-6050 fax: 385-4155  
mail: [frystreet@aol.com](mailto:frystreet@aol.com)

**Mr. A. Scott Kendrick**  
Board Treasurer, beginning 2008  
Kendrick Financial Services, LLC  
Same as home address  
hm: 2324 Golf Club Lane  
Nashville, TN 37215  
Began Serving 2006  
Informal: Scott Spouse: Lynn  
hm: 269-9200 cell: 478-9200  
email: [scott.Kendrick@comcast.net](mailto:scott.Kendrick@comcast.net)

**Kristin Chase Taylor (Mrs. Donald)**  
Board Secretary, beginning 2007  
Civic Leader  
Perenity  
3800 Woodlawn Drive  
Nashville, TN 37212  
hm: 302 Jackson Boulevard  
Nashville, TN 37205  
Began Serving 2005  
Informal: Kristin Spouse: Donald (Don)  
hm: 383-5884 wk: 504-5884 fax: 297-4412  
email: [ktaylor302@comcast.net](mailto:ktaylor302@comcast.net)

**BOARD MEMBERS:****Mr. E. Warner Bass**

Chairman Emeritus  
 Attorney \* (Past Board President 1992)  
 Bass Berry and Sims  
 700 First American Center  
 Nashville TN 37238  
 hm: 1720 Chickering Road  
 Nashville TN 37215  
 began Serving 1987  
 Informal: Warner Spouse: Madge  
 42-6210 fax: 742-2710 hm: 373-8969  
 mail: [wbass@bassberry.com](mailto:wbass@bassberry.com)

**Mr. Frank G. Abernathy**

Attorney and Business Consultant  
 15 Penn Warren Drive, Suite 300-306  
 Brentwood, TN 37027  
 m: 908 South Lane Court  
 Brentwood, TN 37027  
 began Serving 2007  
 Informal: Frank Spouse: Benita  
 m: 833-0492 wk: 828-8203 fax: 333-9374  
 mail: [fabernathy@msn.com](mailto:fabernathy@msn.com)

**Jodi Wilt Banks (Mrs. Mark)**

Civic Leader  
 m: 5608 South Stanford Court  
 Nashville, TN 37215  
 began Serving 2007  
 Informal: Jodi Spouse: Mark  
 m: 665-9284 cell: 479-6205  
 mail: [jodibanks1@comcast.net](mailto:jodibanks1@comcast.net)

**Mr. James William Blevins**

Chairman, Blevins Inc.  
 Post Office Box 150056  
 Nashville, TN 37215  
 m: 22 Lynwood Lane  
 Nashville, TN 37205  
 began Serving 2009  
 Informal: Bill Spouse: Melba  
 m: 292-6315 wk: 298-5000 cell: 804-6454  
 or: 298-3661 email: [bblevins01@comcast.net](mailto:bblevins01@comcast.net)

**Mr. Al Bodie**

President, Bodie & Associates  
 321 Chapelwood Drive  
 Hermitage, TN 37076  
 began Serving 2005  
 Informal: Al Spouse: Julaine  
 27-1144, ext. 874-6319 hm: 391-0261 cell 310-4911  
 mail: [al@bodieandassociates.com](mailto:al@bodieandassociates.com)

**Gwen Bond (Mrs. James H.)**

Civic Leader  
 hm: 128 Clarendon Avenue  
 Nashville, TN 37205  
 Began Serving 2008  
 Informal: Gwen Spouse: Jim  
 297-3292 cell: 390-1610 fax: 385-8169 e: [gbond1@aol.com](mailto:gbond1@aol.com)

**Mr. James C. Bradford, Jr.**

Retired  
 530 Belle Meade Boulevard  
 Nashville, TN 37205  
 Began Serving 2005  
 Informal: Jimmy Spouse: Lillian (Tooty)  
 383-2093 email: [jcbradford@bellsouth.net](mailto:jcbradford@bellsouth.net)

**Nancy H. Bunting (Mrs. Jeffrey)**

Kiss My Feet  
 1007 Seventeenth Avenue South  
 Nashville, TN 37212  
 hm: 104 Windsor Drive  
 Nashville, TN 37205  
 Began Serving 2006  
 Informal: Nancy Spouse: Jeff  
 hm: 353-9529 cell: 585-4093  
 email: [nancy@kissmyfeet.com](mailto:nancy@kissmyfeet.com)

**Anita V. Burch (Mrs. Lucius E. III)**

Civic Leader  
 hm: 301 Jackson Boulevard  
 Nashville, TN 37205  
 other: 438 Rosemeade Lane  
 Naples, FL 34105  
 Began Serving 2008  
 Informal: Anita Spouse: Lucius  
 hm: 383-1128 wk: 292-7001 fax: 383-1185 or 649-6041  
 email: [LEBiii@aol.com](mailto:LEBiii@aol.com)

**Barbara B. Caldwell (Mrs. Meredith)**

Caldwell & Sobel Inc.  
 hm: 200 Hillwood Boulevard  
 Nashville, TN 37205  
 Began Serving 2006  
 Informal: Barbara Spouse: Meredith (Duck)  
 hm: 352-1915 cell: 972-0671 fax: 352-8061  
 email: [bbcaldwell@mindspring.com](mailto:bbcaldwell@mindspring.com)



**Mr. John B. Hardcastle**  
 Retired, (\* Chairman Emeritus)  
 hm: 4429 Sheppard Place  
 Nashville TN 37205  
 Began Serving 1987  
 Informal: John Spouse: Fran  
 hm: 83-8808 fax: 297-1794 hm: 292-4338 cell: 347-5770  
 mail: [hardcastle1936@yahoo.com](mailto:hardcastle1936@yahoo.com)

**Mr. David W. Hudnall**  
 Environmental Manager, Forest Resources  
 LP Building Products  
 14 Union Street, Suite 2000  
 Nashville, TN 37219  
 hm: 361 Sandcastle Road  
 Franklin, TN 37069  
 Began Serving 2008  
 Informal: David Spouse: Donna  
 hm: wk: 986-5796 cell: 903-520-2229  
 mail: [David.Hudnall@LPCorp.com](mailto:David.Hudnall@LPCorp.com)  
 \* [thehudstn@comcast.net](mailto:thehudstn@comcast.net)

**Elizabeth R. James**  
 Event Planner  
 hm: 104 LaSalle Court  
 Nashville, TN 37205  
 Began Serving 2008  
 Informal: Elizabeth  
 hm: 356-3930 cell: 585-6222 fax: 356-3911  
 mail: [elizabethjames@comcast.net](mailto:elizabethjames@comcast.net)

**Mr. Randall Loftin Kinnard**  
 Attorney  
 Kinnard, Clayton & Beveridge Attorney  
 27 Woodmont Boulevard  
 Nashville, TN 37205  
 hm: 429 Jackson Boulevard  
 Nashville, TN 37205  
 Began Serving 2005  
 Informal: Randy Spouse: Peggy  
 hm: 292-1405 wk: 297-1007 fax: 297-1505  
 mail: [Rkinnard@kcbaattys.com](mailto:Rkinnard@kcbaattys.com)

**Elizabeth Bass Lamar (Mrs. Howard H.)**  
 Civic Leader  
 hm: 805 Westview Avenue  
 Nashville, TN 37205  
 Began Serving 2007  
 Informal: Elizabeth Spouse: Howard  
 hm: 665-4399 cell: 347-6881  
 mail: [ebblamar@gmail.com](mailto:ebblamar@gmail.com)

**Dr. H. Newton L. Newt, Jr.**  
 Suite 704  
 2021 Church Street  
 Nashville, TN 37203  
 hm: 1011 Belle Meade Boulevard  
 Nashville, TN 37205  
 Began Serving 2008  
 Informal: Newt Spouse: Janice  
 hm: 383-5742 wk: 284-7755 cell: 218-2901  
 fax: 383-5742 email: [nlovvoin@hotmail.com](mailto:nlovvoin@hotmail.com)

**Linda L. Mason (Mrs. Steven)**  
 Civic Leader  
 hm: 1318 Chickering Road  
 Nashville, TN 37215  
 Began Serving 2005  
 Informal: Linda Spouse: Steve  
 hm: 297-8569 wk: 972-8351 fax: 297-8971  
 email: [llmason@bellsouth.net](mailto:llmason@bellsouth.net)

**Marie DuPre Masterson**  
 Civic Leader/Retired Lawyer  
 hm: 119 Clarendon Avenue  
 Nashville, TN 37205  
 Began Serving 2009  
 Informal: Marie Spouse: George H.  
 hm: 297-1472 cell: 202-2770  
 email: [masterson@comcast.net](mailto:masterson@comcast.net)

**Cathy Carter McLure (Mrs. Howard A.)**  
 Civic Leader  
 hm: 4361 Chickering Lane  
 Nashville, TN 37215  
 Began Serving 2006  
 Informal: Cathy Spouse: Howard  
 hm: 661-5963 cell: 405-7537  
 email: [mclurefam@bellsouth.net](mailto:mclurefam@bellsouth.net)

**Emily Cate Tidwell (Mrs. Cromwell)**  
 Civic Leader  
 hm: 905 Westview Avenue  
 Nashville, TN 37205-4538  
 Began Serving 2004  
 Informal: Emily Spouse: Crom  
 665-7371 fax: 665-9625 email: [ectidwell@gmail.com](mailto:ectidwell@gmail.com)

**Mr. Reed Trickett**  
 President, Trickett Honda  
 1823 Gallatin Road North  
 Madison, TN 37115  
 hm: 212 Lynnwood Boulevard  
 Nashville, TN 37205  
 Began Serving 2007  
 Informal: Reed Spouse: Rosemary (Rosie)  
 hm: 385-3549 wk: 868-1870 fax: 868-3888  
 email: [reedtrickett@aol.com](mailto:reedtrickett@aol.com)



**Mr. Henry Trost**

Real Estate Development, First Colony Healthcare

36 Main Street

Franklin, TN 37064

m: 1228 Vintage Place

Nashville, TN 37215

Began Serving 2007

Informal: Henry Spouse: Lynne

m: 385-1831 cell: 504-0293

mail: [hutrost@comcast.net](mailto:hutrost@comcast.net) or [htrost@first-colony.com](mailto:htrost@first-colony.com)

x: 615-550-9545

**Ann Tutwiler West**

Civic Leader and Part-Time Travel Agent

Belle Meade Vacations

3 White Bridge Road, Suite 2G

Nashville, TN 37205

m: 3508 Byron Avenue

Nashville, TN 37205

Began Serving 2009

Informal: Ann Spouse: Axson E.

38-1602 cell: 584-3508

mail: [awest@bellemeadevacations.com](mailto:awest@bellemeadevacations.com)**Mark Zook**

Castings Architecture Associates LLC

27 Third Avenue South

Nashville, TN 37201

m: 605 Meadow Glen Court

Nashville, TN 37221

Began Serving 2009

Informal: Mark Spouse: Lauren

k: 329-1399 fax: 329-1486

mail:

**ADVISORY COUNCIL:****Clare C. Armistead (Mrs. Hunter)**

m: 296 Harding Place

Nashville TN 37205

Began Serving 1990

Informal: Clare

97-2827 cell: 585-3513 fax: 297-2864

**Betty Moorhead Brown (Mrs. Martin)**

m: 6231 Hillsboro Road

Nashville TN 37215

Began Serving 1990

Informal: Betty Spouse: Martin

73-8818 email: [brownbetty@nashville.net](mailto:brownbetty@nashville.net)**Jane Hughes Cobb Mrs. G. William, II)**

Civic Leader

hm: Riverbluff Farm

5033 Old Hickory Boulevard

Nashville, TN 37218

Began Serving 2000

Informal: Jane Spouse: Bill

242-5655 fax: 242-0395 cell: 969-1468

email: [coblej@bellsouth.net](mailto:coblej@bellsouth.net)**Martha Hays Cooper (Mrs. Jim)**

Civic Leader

2319 Woodmont Boulevard

Nashville, TN 37215

Began Serving 2003

Informal: Martha Spouse: U.S. Representative Jim

297-2566 email: [mbhcooper@aol.com](mailto:mbhcooper@aol.com)**Debbie Wallace Craig (Mrs. C. A., II)**

Civic Leader

hm: 1800 Chickering Road

Nashville TN 37215

Began Serving 1996

Informal: Debbie Spouse: Neil

373-1488 fax: 661-0748 email: [cacraigii@att.net](mailto:cacraigii@att.net)**Mr. Greg Daily**

CEO, iPayment, Inc.

Suite 415, 40 Burton Hills

Nashville, TN 37215

hm: 5353 Hillsboro Road

Nashville, TN 37215

Began Serving 2002

Informal: Greg Spouse: Collie

665-1858 ext. 104 hm: 665-9144

cell: 403-4982

email: [greg.daily@ipaymentinc.com](mailto:greg.daily@ipaymentinc.com)**Linda Williams Dale (Mrs. Robert V.)**

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Nashville TN 37215

Began Serving 1991

Informal: Linda Spouse: Bobby

297-1716 email: preferably not

fax: 292-2542

**Mr. James Douglas**

Hodgson &amp; Douglas

120 29th Avenue South

Nashville TN 37212

hm: 2744 Rock Wall Road

Nashville TN 37221

Began Serving 1991

Informal: Jim Spouse: Lou

327-4447 fax: 321-3004 hm: 373-6913

email: [jdouglas@hodgsondouglas.com](mailto:jdouglas@hodgsondouglas.com)

**Laurie Gold Eskind (Mrs. Steven)**  
 Civic Leader  
 um: 2322 Golf Club Lane  
 Nashville TN 37215  
 Began Serving 1994  
 Informal: Laurie Spouse: Steven  
 83-2105 email: [leskind32@aol.com](mailto:leskind32@aol.com)

**Mr. David S. Ewing**  
 Attorney at Law  
 Rudy, Wood & Winstead PLLC  
 812 Broadway  
 Nashville, TN 37203  
 um: Post Office Box 121495  
 126 Blair Boulevard  
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 Began Serving 2003  
 Informal: David Spouse: Alice Randall  
 um: 269-7787 fax: cell: 838-4507  
 mail: [davidewingtn@yahoo.com](mailto:davidewingtn@yahoo.com) or [dewing@rudylaw.net](mailto:dewing@rudylaw.net)

**Phyllis Fridrich (Mrs. Steve G.)**  
 Civic Leader  
 um: 617 Westover Drive  
 Nashville, TN 37205-3716  
 Began Serving 2001  
 Informal: Phyllis Spouse: Steve  
 53-1200 cell: 478-0349 fax: 353-0019  
 mail: [phyllisfridrich@comcast.net](mailto:phyllisfridrich@comcast.net)

**Patricia C. Frist (Mrs. Thomas, Jr.)**  
 Civic Leader  
 um: 1304 Chickering Road  
 Nashville TN 37215  
 Began Serving 1994  
 Informal: Trish Spouse: Tommy  
 83-8449 email: [trishfrist@aol.com](mailto:trishfrist@aol.com)

**Rebecca M. Fyke (Mrs. James H.)**  
 Accountant, (Finance Committee)  
 Checks and Balances  
 205 Hillsboro Road  
 Nashville TN 37215  
 um: 6324 Chickering Woods Drive  
 Nashville TN 37215  
 Began Serving 1994  
 Informal: Becky Spouse: Jim  
 85-0237 fax: 385-0139 hm: 370-4688  
 mail: [bfyketn@aol.com](mailto:bfyketn@aol.com)

**Anne Goetze**  
 Artist / Photographer  
 Post Office Box 644  
 Franklin, TN 37065  
 hm: 4080 Carters Creek Pike, Franklin TN 37064  
 Began Serving 1999  
 Informal: Anne  
 790-2609 email: [anniemae10@aol.com](mailto:anniemae10@aol.com)

**Mr. Orrin H. Ingram**  
 President & CEO  
 Ingram Industries  
 4400 Harding Road  
 Nashville TN 37205  
 hm: 1475 Moran Road  
 Franklin TN 37064  
 Began Serving 1994  
 Informal: Orrin  
 298-8374 fax: 298-7579 hm: 377-6318

**Lillias Dale Johnston (Mrs. William P.)**  
 Interior Designer, Annali Interiors  
 6518 Highway 100  
 Nashville, TN 37205  
 hm: 710 Jackson Boulevard  
 Nashville, TN 37205  
 Began Serving 2000  
 Informal: Lillias Spouse: Will  
 352-7616 fax: 352-0886 hm: 385-0244  
 email: [lillias9@aol.com](mailto:lillias9@aol.com)

**Peggy Henry Joyce**  
 Civic Leader  
 hm: E-3  
 715 Belle Meade Boulevard  
 Nashville TN 37205  
 Began Serving 1994  
 Informal: Peggy  
 269-3803

**Ashley Caldwell Levi (Mrs. Joseph C.)**  
 (Past Board Secretary - 2000)  
 hm: 102 Belle Brook Circle  
 Nashville TN 37205  
 Began Serving 1996  
 Informal: Ashley Spouse: Joe  
 hm: 269-7594 ext. 269-4697 email: [acaldwell@hghill.com](mailto:acaldwell@hghill.com)

**Jean W. Marstiller (Mrs. Stephen A.)**  
 Civic Leader \* (Past Board Secretary)  
 hm: 6251 Hillsboro Pike  
 Nashville TN 37215  
 Began Serving 1989  
 Informal: Jeanie Spouse: Steve  
 377-0555 cell: 500-7109  
 email: [jmarstiller@cumberlandpharma.com](mailto:jmarstiller@cumberlandpharma.com)

**Mrs. Ellen H. Martin**

Civic Leader

610 Belle Meade Boulevard

Nashville TN 37205

Began Serving 1995

Informal: Ellen

cell: 604-1214 hm: 292-4109 fax: 292-1218

email: [ellenm1@bellsouth.net](mailto:ellenm1@bellsouth.net)**Mr. William E. Martin**

Lawyer

Will Martin Co.

5141 Granny White Pike

Nashville, TN 37220

hm: 5141 Granny White Pike

Nashville, TN 37220

Began Serving 2000, President 2006/2007

Informal: Will Spouse: Jeanne

805-8069 hm: 370-5673 fax: 370-5674

email: [willmartin@comcast.net](mailto:willmartin@comcast.net)**Alyne Queener Massey (Mrs. Jack C.)**

hm: 4431 Tyne Boulevard

Nashville TN 37215

Began Serving 1991

Informal: Alyne

269-0917 email: [aqmassey@mac.co](mailto:aqmassey@mac.co)**Mr. Joseph L. May**

Attorney, retired

hm: 133 Abbottsford

Nashville TN 37215-2442

Began Serving 1996

Informal: Jack Spouse: Lynn

298-2206

**Emily Dick McAlister (Mrs. H. Hill)**

Civic Leader

hm: 1320 Page Road

Nashville TN 37205

Began Serving 1999

Informal: Emily Spouse: Hill

269-9208 931-527-0060 farm

email: [edmcaster@comcast.net](mailto:edmcaster@comcast.net)**Mr. Robert A. McCabe, Jr.**

Chairman, Pinnacle Bank

Suite 300, 211 Commerce Street

Nashville TN 37201

hm: 4418 Herbert Place

Nashville TN 37215

Began Serving 1998

Informal: Rob Spouse: Jennie

744-3729 cell: 310-0183 hm: 383-6165 fax: 744-3780

email: [rob.mccabe@mypinnacle.com](mailto:rob.mccabe@mypinnacle.com)**Mary Catherine M. Mellan (Mrs. David)**

hm: 1228 Canterbury Drive

Nashville TN 37205

Began Serving 1997

Informal: Mary Catherine Spouse: David

cell: 403-1906 fax: 383.6157/747.5606

**Mr. William N. Moseley**

Head Master, The Ensworth School

211 Ensworth Place

Nashville, TN 37205

hm: 223 Ensworth Place

Nashville, TN 37205

Began Serving 2003

Informal: Will Spouse: Jenny

279-5268 wk: 383-0661 email: [moseleyw@ensworth.com](mailto:moseleyw@ensworth.com)**Mr. John H. Noel III**

The John Noel Company

Suite 300

3810 Bedford Avenue

Nashville TN 37215

hm: 5241 Old Harding Road

Franklin TN 37064-9409

Began Serving 1998

Informal: John Spouse: Melinda

259-2003 hm: 799-8095 email: [johnhnoel@earthlink.com](mailto:johnhnoel@earthlink.com)**Dr. Bruce P'Pool**

Dermatologist

hm: 2105 Piccadilly Place

Nashville TN 37215

Began Serving 1995

Informal: Bruce Spouse: Shocky

hm: 373-8996 fax: 865-1771 mobile: 351-4686

email: [shocky@comcast.net](mailto:shocky@comcast.net)**Mr. James W. Perkins**

President

Consumers Oil

PO Box 23309

904 Eighth Avenue South

Nashville TN 37202

hm: 116 Jackson Boulevard

Nashville TN 37205

Began Serving 1993

Informal: Jimmy Spouse: Betty

385-3361 259-3226 email: [jwp9430@aol.com](mailto:jwp9430@aol.com)

**Mr. John L. Rochford**  
President, The Rochford Company  
2200 Abbott Martin Road  
Nashville, TN 37215  
**hm:** 215 Belle Meade Boulevard  
Nashville, TN 37205  
**other:** 1426 Moran Road  
Franklin, TN 37069  
Began Serving 2000  
Informal: John Spouse: Carol  
**383-1141 fax: 383-0493 cell: 804-9500**  
**email:** [jrochford@rochfordcompany.com](mailto:jrochford@rochfordcompany.com)

**Mr. Anthony A. Rose**  
Business Executive  
The Danner Company  
2 International Drive, Suite 510  
Nashville, TN 37217  
**hm:** 5125 Boxcroft Place  
Nashville, TN 37205  
Began Serving 2001  
Informal: Tony  
**cell: 714-3891 fax: 352-1600 hm: 352-1600**

**Leah Knox Rubino (Mrs. William)**  
Civic Leader  
**hm:** 6388 Chickering Circle  
Nashville, TN 37215  
Began Serving 2002  
Informal: Leah Spouse: Bill  
**hm: 309-8025**  
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**Mr. W. Lucas Simons**  
Retired  
**hm:** 502 Park Hill  
Nashville TN 37205  
Began Serving 1996  
Informal: Luke Spouse: Susan  
**292-9552 hm: 352-1842**  
**email:** [lukesimons@bellsouth.net](mailto:lukesimons@bellsouth.net)

**Julie Carell Stadler (Mrs. George B.)**  
Past Board Secretary - 2002  
Civic Leader  
**hm:** 1109 Belle Meade Boulevard  
Nashville, TN 37205  
Began Serving 2001  
Informal: Julie Spouse: George  
**385-1038 cell: 207-9495**

**Mr. W. Alexander Steele**  
President-W.A.S. Investments \* (Past President - 2000)  
(Endowment Committee)  
116 30th Avenue South

Nashville TN 37205  
**hm:** 565 Beech Creek Road South  
Brentwood TN 37027  
Began Serving 1994  
Informal: Alex Spouse: Sandra  
**329-1717, ext. 105 fax: 327-9871 hm: 370-9006**  
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**Caroline Boyd Stevens (Mrs. Lemuel)**  
**hm:** 4422 Warner Place  
Nashville, TN 37205  
Began Serving 1992  
Informal: Caroline Spouse: Lem  
**665-2811 email:** [nativenook@yahoo.com](mailto:nativenook@yahoo.com)

**Elaine Haman Sullivan (Mrs. Bruce D.)**  
Civic Leader  
**hm:** 1001 Overton Lea Road  
Nashville, TN 37220  
Began Serving 2002  
Informal: Elaine Spouse: Bruce  
**383-7033 fax: 383-7659 email:** [gracie6570@yahoo.com](mailto:gracie6570@yahoo.com)

**Mary Louise Tidwell (Mrs. Cromwell)**  
Civic Leader  
**hm:** 109 Longwood Place  
Nashville, TN 37215  
Began Serving 1991  
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**297-4203**

**Mr. Laurence O. Trabue, Jr.**  
Sr. V. P. Financial Advisor  
Pinnacle National Bank  
211 Commerce Street, Suite 300  
Nashville, TN 37201  
**hm:** 116 Pembroke Avenue  
Nashville, TN 37205  
Began Serving 2002  
Informal: Larry  
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**Mr. David M. Wilds**  
First Avenue Partners L.P.  
Suite 550, 30 Burton Hills Boulevard  
Nashville TN 37215  
**hm:** 10 Peach Blossom Square  
Nashville, TN 37205  
Began Serving 1993  
Informal: David  
**wk: 370-0056 cell: 480-9028**  
**email:** [dwilds@1stpartners.com](mailto:dwilds@1stpartners.com)

**8868**

v. April 2009)

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

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

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

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

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

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

<b>Type or print</b> File by the due date for filing your return. See instructions	Name of Exempt Organization <b>FRIENDS OF WARNER PARKS</b>	Employer identification number <b>62-1333658</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>50 VAUGHN ROAD</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>NASHVILLE TN 37221</b>	

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

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

- The books are in the care of ► **BECKY FYKE**

Telephone No. ► **615-370-8051**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2009** or
- ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

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

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

Form **8868** (Rev. 4-2009)