

**BLANKENSHIP CPA GROUP, PLLC**  
**215 WARD CIRCLE**  
**BRENTWOOD, TN 37027-2304**  
**615-373-3771**

**CONFIDENTIAL**

Friends of the Warner Parks, Inc.  
50 Vaughn Road  
Nashville, TN 37221

Dear Mark:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow these instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

BLANKENSHIP CPA GROUP, PLLC



JAN KOLB, CPA

**Filing Instructions****Friends of the Warner Parks, Inc.****Exempt Organization Tax Return****Taxable Year Ended December 31, 2017****Date Due:** November 15, 2018**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/17 shows no balance due.**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

BLANKENSHIP CPA GROUP, PLLC  
215 WARD CIRCLE  
BRENTWOOD, TN 37027-2304

**OR FAX TO 1+615-658-9988**

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-EO IRS e-file Signature Authorization Form has been received by this office.

**Other:** Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20 \_\_\_\_\_

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**2017**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**FRIENDS OF THE WARNER PARKS, INC.**

Employer identification number

**62-1333658**

Name and title of officer

**MARK WELLER  
EXEC. DIR.****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <b>1,322,571</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **BLANKENSHIP CPA GROUP, PLLC** to enter my PIN **37027** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **06/30/18****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**62701937027**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**06/30/18****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)



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 private foundations)

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection****A For the 2017 calendar year, or tax year beginning**, and ending**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization**FRIENDS OF THE WARNER PARKS, INC.**

Doing business as

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

**50 VAUGHN ROAD**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**NASHVILLE****TN 37221****F** Name and address of principal officer:**MARK WELLER****50 VAUGHN ROAD****NASHVILLE****TN 37221****D** Employer identification number**62-1333658****E** Telephone number**615-370-8051****G** Gross receipts \$ **1,322,571****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

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

Activities & Governance	1 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>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	
		Prior Year	Current Year
8		302,817	385,409
9			0
Expenses	10	7,056	3,901
	11	766,871	933,261
	12	1,076,744	1,322,571
	13		0
	14		0
	15	302,387	357,052
	16a		0
	b	115,340	
	17	671,125	786,601
	18	973,512	1,143,653
Net Assets or Fund Balances	19	103,232	178,918
	20	3,051,666	3,237,925
	21	0	0
	22	3,051,666	3,237,925

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	<b>MARK WELLER</b>		<b>EXEC. DIR.</b>	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	<b>JAN KOLB, CPA</b>		<i>JAN KOLB CPA</i>	<b>7/11/18</b>
	Firm's name ▶ <b>BLANKENSHIP CPA GROUP, PLLC</b>		Firm's EIN ▶ <b>45-0491842</b>	
	Firm's address ▶ <b>215 WARD CIRCLE BRENTWOOD, TN 37027-2304</b>		Phone no. <b>615-373-3771</b>	

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

☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments

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

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

4a (Code: ) (Expenses \$ 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 \$ **944,982** including grants of \$ ) (Revenue \$ )**4e** Total program service expenses **944,982**

**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 (see instructions)?	<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 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		<b>X</b>
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		<b>X</b>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<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, 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		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>X</b>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>X</b>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<b>X</b>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<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, 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		<b>X</b>
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		<b>X</b>
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		<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 (see instructions)		<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>

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 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 or other assistance to or for domestic individuals 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 25a		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> 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		<b>X</b>
<b>b</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> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<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>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</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>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<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, Part II, III, or IV, and Part V, line 1		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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		
<b>36</b> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<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 11b 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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	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)?		X
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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



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

**Section A. Governing Body and Management**

	1a	40	1b	40	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		40		40		
b Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					9	X

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

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **TN**

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

**BECKY FYKE**  
**NASHVILLE**

**4205 HILLSBORO ROAD**

**TN 37215**

**615-370-8051**

**Part VII 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 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 year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (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			
(1) SEE ATTACHED BOARD OF DIRECTORS	0.00									
SEE ATTACHED	0.00	X		X				0	0	0
(2) MARK WELLER	0.00									
EXEC. DIR.	0.00	X		X				0	0	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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

<b>1b</b>	<b>Sub-total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>			

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

- |   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 |     | X  |
| 5 |     | X  |

## **Section B. Independent Contractors**

**1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.**

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a 296,327				
	b Membership dues	1b 89,082				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		385,409			
<b>Program Service Revenue</b>	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		3,901		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets		(i) Securities (ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a 838,244				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events			838,244			
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
11a OTHER		85,682	85,682			
b DONATIONS		5,335	5,335			
c ENDOWMENT FUND		4,000	4,000			
d All other revenue						
e Total. Add lines 11a-11d		95,017				
12 Total revenue. See instructions.		1,322,571	95,017	0	3,901	



**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).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	315,414	193,984	29,502	91,928
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	21,048	12,208	2,526	6,314
10 Payroll taxes	20,590	11,942	2,471	6,177
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	73,771	45,000	28,771	
12 Advertising and promotion	296,236	296,236		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,140		9,140	
23 Insurance	22,980	1,138	10,921	10,921
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 PARK IMPROVEMENTS	315,147	315,147		
b EDUCATION	54,456	54,456		
c NATURE CENTER	10,403	10,403		
d PRINTING, POSTAGE & PUBLI	4,468	4,468		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,143,653	944,982	83,331	115,340
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	1,080,464	1	1,248,216
	2 Savings and temporary cash investments	1,229,077	2	813,280
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,130,345		
	b Less: accumulated depreciation	10b 43,849	659,832	10c 1,086,496
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	82,293	15	89,933
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,051,666	16	3,237,925	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	0	26	0
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" 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	3,051,666	32	3,237,925
33 <b>Total net assets or fund balances</b>	3,051,666	33	3,237,925	
34 <b>Total liabilities and net assets/fund balances</b>	3,051,666	34	3,237,925	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,322,571
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,143,653
3	Revenue less expenses. Subtract line 2 from line 1	3	178,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,051,666
5	Net unrealized gains (losses) on investments	5	7,341
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,237,925

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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.		

**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.

 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

 Open to Public  
 Inspection

Name of the organization

**FRIENDS OF THE 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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2017



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	626,428	527,394	475,915	302,817	385,409	2,317,963
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	626,428	527,394	475,915	302,817	385,409	2,317,963
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)						
6 Public support. Subtract line 5 from line 4.						2,317,963

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	626,428	527,394	475,915	302,817	385,409	2,317,963
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,026	1,978	2,201	7,056	3,901	18,162
9 Net income from unrelated business 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 Total support. Add lines 7 through 10						2,336,125
12 Gross receipts from related activities, etc. (see instructions)					12	933,261
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.22 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.24 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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> Total. 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> Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	16	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

**19a** 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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 Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (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 amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its 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.		
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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 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.		
10a 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," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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



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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on 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 Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

## 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.)

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

Employer identification number

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
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 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

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, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) Revenue included on 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 (ASC 958) relating to these items:

a Revenue included on 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on 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 XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on 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	82,293	82,592	89,167	89,238	81,473
b Contributions					
c Net investment earnings, gains, and losses	7,341	-299	6,575	71	7,765
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	89,933	82,293	82,592	89,167	89,238

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

- a Board designated or quasi-endowment ▶ ..... %  
 b Permanent endowment ▶ ..... %  
 c Temporarily restricted endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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)		X
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		763,904		763,904
b Buildings		356,476	33,884	322,592
c Leasehold improvements				
d Equipment				
e Other		9,965	9,965	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,086,496

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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



**Part XIII Supplemental Information (continued)**[illegible]

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**Open to Public  
Inspection

Name of the organization

**FRIENDS OF THE WARNER PARKS, INC.**

Employer identification number

**62-1333658****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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>SUNDAY IN THE P</u> (event type)	<u>FULL MOON CONCE</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts .....	494,506	171,291	172,447	838,244
2 Less: Contributions .....				
3 Gross income (line 1 minus line 2) .....	494,506	171,291	172,447	838,244
<b>Direct Expenses</b>				
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. Subtract line 10 from line 3, column (d) .....				838,244

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
<b>Revenue</b>				
1 Gross revenue .....				
<b>Direct Expenses</b>				
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. Subtract line 7 from line 1, column (d) .....				

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

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

b If "No," explain:

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

b If "Yes," explain:



- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

**FRIENDS OF THE WARNER PARKS, INC.****62-1333658****FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT****EXEMPT PURPOSE ACHIEVEMENTS AS NOTED ABOVE****FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS****BOARD VOTES ON ADDITIONS TO THE BOARD.****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990****FORM 990 IS REVIEWED BY BOARD BEFORE FILING.****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.**

# 2017

**For calendar year 2017, or tax year beginning**

**, and ending**

Name

Employer Identification Number

**FRIENDS OF THE WARNER PARKS, INC.**

**62-1333658**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>OTHER VARIOUS E</u>	<u>LUKE LEA SOCIET</u>		(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	101,767	70,680		172,447
	2 Less: Charitable contributions				
	3 Gross income				
	(line 1 minus line 2)	101,767	70,680		172,447
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

4710124 Friends of the Warner Parks, Inc.

62-1333658

FYE: 12/31/2017

## Federal Statements

### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT INCOME	\$ <u>3,901</u>		14			
TOTAL	\$ <u><u>3,901</u></u>					

4710124 Friends of the Warner Parks, Inc.  
62-1333658  
FYE: 12/31/2017

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL SERVICES	\$ 73,771	\$ 45,000	\$ 28,771	\$
TOTAL	\$ 73,771	\$ 45,000	\$ 28,771	\$ 0

### Schedule A, Part II, Line 1(e)

Description	Amount
MEMBERSHIP DUES	\$ 89,082
MR. & MRS E. WARNER BASS CASH CONTRIBUTION	2,530
PINNACLE FINANCIAL PARTNERS CASH CONTRIBUTION	10,000
THE HOUGHLAND FOUNDATION CASH CONTRIBUTION	5,000
THE JOYCE FAMILY FOUNDATION CASH CONTRIBUTION	5,000
LEE, DANNER & BASS, INC. CASH CONTRIBUTION	6,000
SUNTRUST BANK CASH CONTRIBUTION	3,000
THE NASHVILLE STRIDERS CASH CONTRIBUTION	6,000
BJC CHARITABLE LEAD ANNUITY TRUST CASH CONTRIBUTION	5,000
PETRA CAPITAL PARTNERS CASH CONTRIBUTION	3,000
BRIDGESTONE AMERICAS TIRE OPERATIONS CASH CONTRIBUTION	2,500
ANDREA WAITT CARLTON FAMILY FOUNDATI CASH CONTRIBUTION	20,000
BAULCH FAMILY FOUNDATION CASH CONTRIBUTION	2,500
THE ATTICUS TRUST CASH CONTRIBUTION	2,500
MR. AND MRS. STUART W. SPEYER	

4710124 Friends of the Warner Parks, Inc.  
62-1333658  
FYE: 12/31/2017

## Federal Statements

### Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 5,000
FIRSTBANK	
CASH CONTRIBUTION	2,500
CUMBERLAND TRANSIT	
CASH CONTRIBUTION	3,000
BRIDGESTONE AMERICA TRUST FUND	
CASH CONTRIBUTION	5,000
HORATIO B & WILLIE BUNTIN FOUNDATION	
CASH CONTRIBUTION	2,875
MR & MRS JOHN RIVERS INGRAM	
CASH CONTRIBUTION	4,000
LOUISE BULLARD WALLACE FOUNDATION	
CASH CONTRIBUTION	2,500
MR. & MRS. MARK R. BANKS	
CASH CONTRIBUTION	2,500
COOPER FAMILY CHARITABLE FOUNDATION	
CASH CONTRIBUTION	2,500
THE HCA FOUNDATION	
CASH CONTRIBUTION	3,146
VOLUNTEER STATE HORSEMENS FOUNDA.	
CASH CONTRIBUTION	10,000
MR. & MRS. DALE ALLEN	
CASH CONTRIBUTION	4,000
MR. & MRS. DOUGLAS BRADBURY III	
CASH CONTRIBUTION	3,102
EIZA & STUART BRUNSON	
CASH CONTRIBUTION	3,772
CAPITAL ALIGNMENT PARTNERS	
CASH CONTRIBUTION	2,500
CLIARE BRICK CORY	
CASH CONTRIBUTION	2,550
MARY BRITTON & JODY CUMMINGS	
CASH CONTRIBUTION	5,000
DOROTHY CATE & THOMAS FRIST FOUNDAT	
CASH CONTRIBUTION	3,000
ESTATE OF JEAN EWING LOVE	
CASH CONTRIBUTION	2,500
MR. & MRES. DAVID R EMERY	



4710124 Friends of the Warner Parks, Inc.  
62-1333658  
FYE: 12/31/2017

## Federal Statements

### Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 5,000
MR. & MRS. WILLIAM W. HASTINGS	
CASH CONTRIBUTION	2,500
AMBER & PHIL HERTIK	
CASH CONTRIBUTION	3,223
KEMMERER FAMILY FOUNDATION	
CASH CONTRIBUTION	10,000
MARTIN MANAGEMENT GROUP	
CASH CONTRIBUTION	2,500
MOONDANCE ADVENTURES	
CASH CONTRIBUTION	2,500
MR. & MRS. JACKSON WATTS MOOR	
CASH CONTRIBUTION	2,500
OAKPOINT ADVISORS, LLC	
CASH CONTRIBUTION	2,500
MR. & MRS. RICHARD CONNELL PATTON	
CASH CONTRIBUTION	3,000
OLIVIA & MARK RECHTER	
CASH CONTRIBUTION	4,250
MRS. WALTER M ROBINSON JR DECEASED	
CASH CONTRIBUTION	3,967
SAMUEL M FLEMING FOUNDATION	
CASH CONTRIBUTION	5,000
MR. & MRS. FREDERIC A SCAROLA	
CASH CONTRIBUTION	25,075
RANDELL A SMITH	
CASH CONTRIBUTION	10,000
EVE & PHILLIP STUART	
CASH CONTRIBUTION	5,000
MR. & MRS. DONALD TAYLOR	
CASH CONTRIBUTION	20,077
STEWART & CLAY TAYRLO	
CASH CONTRIBUTION	5,000
MR. & MRS. CROMWELL TIDWELL III	
CASH CONTRIBUTION	22,300
MR. & MRS. JAMES S TURNER, JR.	
CASH CONTRIBUTION	7,800
DOROTHY TURNER	

4710124 Friends of the Warner Parks, Inc.  
62-1333658  
FYE: 12/31/2017

## Federal Statements

### Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 5,000
MR. & MRS. EUGENE W. WEATHERSBY, JR	
CASH CONTRIBUTION	6,660
TOTAL	<u>\$ 385,409</u>

### Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT INCOME	\$ 3,901
TOTAL	<u>\$ 3,901</u>

### Schedule A, Part II, Line 12 - Current year

Description	Amount
ENDOWMENT FUND	\$ 4,000
DONATIONS	5,335
OTHER	85,682
SUNDAY IN THE PARK	494,506
FULL MOON CONCERT	171,291
LUKE LEA SOCIETY	70,680
OTHER VARIOUS EVENTS	101,767
TOTAL	<u>\$ 933,261</u>

## **Friends of Warner Parks 2017 Board of Directors & Advisory Council**

### **OFFICERS:**

Kristin Chase Taylor, President - Civic Leader  
David Kevin Roddey, Vice-President/Treasurer - Pinnacle Bank  
Linda Karen Breggin, Secretary - Environmental Law Institute

### **CHAIRMAN EMERITUS:**

E. Warner Bass - Bass Berry & Sims PLC

### **BOARD MEMBERS:**

Elizabeth N. Akers - Civic Leader  
Martin Akin - Pinnacle Financial Partners  
Tara Armistead - Landscape Architect  
Bill Bainbridge - Bainbridge Realty Group  
E. Warner Bass - \* Chairman Emeritus - Attorney, Bass  
Berry & Sims PLC  
Frank M. Bass - Lee Danner & Bass, Inc.  
Brian Bivens - Lobbyist  
Sylvia Davidson Bradbury - Civic Leader  
Alison Burlage - Fifth Third Bank  
Wood Caldwell - Principal, Southeast Venture  
M. Gavin Duke - Principle Partner, Page/Duke Landscape  
Architects  
Dr. Jeffrey Lee Fincher - Lipscomb University  
John Chester Frist (Chet Frist) - LifeGuard Medical  
Solutions  
Sara Jo Houghland Gill - Civic Leader  
Hoyt Halvorson - Frist Capital  
Mrs. John B. Hardcastle (Fran) - Civic Leader  
Kindy K. Hensler - Retired Attorney  
Bill Hirschman - J.P. Morgan Private Bank  
Hugh C. Howser - H Three Events  
Paul Lewis Huddleston - Please Be Seated  
Jeremy D. Kane - Consultant  
James R. King, Jr. - Consultant  
Herb Kneeland III  
Elizabeth Bass Lamar - Civic Leader  
Julia F. Landstreet  
Cynthia Lee - Retired, University School of Nashville  
Amy Marsalis  
Paul Oakley - Bridgestone Americas  
Elizabeth (Libby) Robinson Page - Page and Windrow,  
LLC  
Jane Anne Pilkinton - G & G Interiors  
Beth Preston - Civic Leader  
Jeremiah Pyron - OakPoint Real Estate  
Christopher Sloan - Baker Donelson Center  
Paul Sloan - Cumberland River Compact  
Thad Taylor - HCA  
Henry Trost - Cornerstone Commercial Real Estate  
Services

### **ADVISORY COUNCIL:**

Beth C. Alexander - CapStar Bank  
Tara Alford - CapStar Bank  
Lawson C. Allen - Lee, Danner & Bass Inc.  
Clare C. Armistead - Civic Leader  
Jodi Wilt Banks - Civic Leader  
James William Blevins - Chairman, Blevins Inc.  
Cathy Stewart Brown - Civic Leader  
Elizabeth Sedgwick Brunson - Civic Leader  
Nancy H. Bunting - Civic Leader  
Barbara B. Caldwell - Caldwell & Sobel Inc.  
Grace O'Neal Clayton - South Real Estate Partners  
Jane Hughes Coble - Civic Leader  
Leslie Daviss Coble - NeighborMD Urgent Care  
Martha Hays Cooper - Civic Leader  
Debbie Wallace Craig - Civic Leader  
Linda Williams Dale  
Page Davidson - Attorney, Bass, Berry & Sims  
Anne Davis - Vanderbilt Law School  
James Douglas - Hodgson & Douglas  
Laurie Gold Eskind - Civic Leader  
Katherine Follin - Civic Leader  
Joseph Stanley (Stan) Fossick - MidSouth Wire  
Phyllis Fridrich - Civic Leader  
Patricia C. Frist - Civic Leader  
Rebecca M. Fyke - Checks and Balances  
Anne Goetze - Artist/Photographer  
Aubrey Harwell III - Neal & Harwell, PLC  
Robert M. Hutton, M.D. - Physician  
Orrin H. Ingram - Ingram Industries  
Lillias Dale Johnston - Annali Interiors  
Peggy Henry Joyce - Civic Leader  
A. Scott Kendrick - Kendrick Financial Services, LLC  
Randall Loftin Kinnard - Kinnard, Clayton & Beveridge  
Elizabeth Lea Knox - Bank of America N.A.  
Ashley Caldwell Levi  
H. Newton Lovvorn, Jr., M.D. - Retired, Doctor  
Ellen Harrison Martin - Civic Leader  
Linda L. Mason - Civic Leader  
Marie DuPre Masterson - Civic Leader/Retired Lawyer  
Joseph L. May - Attorney, retired  
Robert A. McCabe, Jr. - Chairman, Pinnacle Bank  
Brian Reames - SVP, Highwoods Properties  
Mr. John T. Rochford - The Rochford Company  
Leah Knox Rubino - Civic Leader  
Caroline Boyd Stevens  
Elaine Haman Sullivan - Civic Leader  
Emily Cate Tidwell - Civic Leader  
Laurence O. Trabue, Jr. - Pinnacle National Bank  
Reed Trickett - Trickett Honda  
Alex Fall Wade  
Lawrence Thomas Wieck - Wieck Construction, LLC  
David M. Wilds - First Avenue Partners L.P.

**BOARD OF DIRECTORS and ADVISORY COUNCIL  
FRIENDS OF WARNER PARKS  
2017**

**Ex-Officio:** Director of Metro Parks: Monique Odom  
Metro Board of Parks & Recreation  
Administrative Office, Oman Street, Nashville TN 37201  
**615-862-8400 ext. 8414**  
**email:** [Monique.Odom@nashville.gov](mailto:Monique.Odom@nashville.gov)

**Metro Council Representative District 34:** Angie Henderson (Arthur)  
Metropolitan Council Office  
One Public Square, Suite 204  
P. O. Box 196300  
Nashville, Tennessee 37219-6300  
**615-862-6780 or 615-260-5530**  
**email:** [Angie.Henderson@nashville.gov](mailto:Angie.Henderson@nashville.gov)

**Board Intern:** Alison Burlage  
Fifth Third Bank, Treasury Management Analyst  
424 Church Street, Suite 600 Nashville, TN 37219  
**hm:**  
106 Colony Court  
Nashville, TN 37204  
Began Serving 2017  
**cell:** 615-974-2648 **email:** [alisonburlage@mc.com](mailto:alisonburlage@mc.com) or [Alison.burlage@53.com](mailto:Alison.burlage@53.com)

<b>Sunday in the Park Chairs:</b> <b>2017</b>	Eliza Brunson 4405 Warner Place Nashville, TN 37205 <b>cell:</b> 615-364-7563 <b>email:</b> <a href="mailto:elizabrunson@mac.com">elizabrunson@mac.com</a>	Susan M. Weathersby 128 Taggart Avenue Nashville, TN 37205-4427 <b>cell:</b> 615-604-6920 <b>email:</b> <a href="mailto:weathersby@comcast.net">weathersby@comcast.net</a>
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**BOARD OFFICERS:**

**Kristin Chase Taylor** (Mrs. Donald)  
Board President, beginning 2016  
Past Board Secretary, 2007 Past Board Vice-President 2014  
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:** 615-383-5884 **wk:** 615-504-5884 **fax:** 615-297-4412  
**email:** [ktaylor302@comcast.net](mailto:ktaylor302@comcast.net)

**David Kevin Roddey**  
Board Vice-President/Treasurer, beginning 2016  
Past Board Treasurer, 2014  
Banker, Pinnacle Bank  
4328 Harding Pike  
Nashville, TN 37205  
**hm:** 2600 Hemingway Drive  
Nashville, TN 37215  
Began Serving 2013  
Informal: Kevin Spouse: Paige  
**wk:** 615-690-1421 **cell:** 615-800-9849 **fax:** 615-744-3827  
**email:** [kevin.roddey@pnfp.com](mailto:kevin.roddey@pnfp.com); [Kroda1@comcast.net](mailto:Kroda1@comcast.net)

**Linda Karen Breggin**  
Board Secretary, beginning 2016  
Senior Attorney  
Environmental Law Institute  
**hm:** 3738 Whitland Avenue  
Nashville, TN 37205  
Began Serving 2015  
Informal: Linda Spouse: Mike  
**wk:** 615-279-1861 **hm:** 615-646-2462 **cell:** 615-812-8767  
**email:** [breggin@eli.org](mailto:breggin@eli.org)

## **BOARD MEMBERS:**

**Elizabeth N. Akers** (Mrs. T. Clark)  
Civic Leader/Community Volunteer  
**hm:** 635 Park Hill  
Nashville, TN 37205  
Began Serving 2017  
Informal: Elizabeth Spouse: Clark  
**cell:** 615-598-4343 **wk:** 615-735-6021  
**email:** [enakers@yahoo.com](mailto:enakers@yahoo.com)

**Martin Akin**  
Financial Advisor / Sr. Vice President  
Pinnacle Financial Partners  
2833 Bransford Avenue  
Nashville, TN 37204  
**hm:** 6336 Bresslyn Road  
Nashville, TN 37205  
Began Serving 2015  
Informal: Martin Spouse: Sarah  
**cell:** 615-210-4580 **wk:** 615-735-6021  
**email:** [makin4814@gmail.com](mailto:makin4814@gmail.com)

**Tara Armistead** (Mrs. Ben)  
Landscape Architect  
Post Office Box 58058  
Nashville, TN 37205  
**hm:** 4402 Iroquois Avenue  
Nashville, TN 37205  
Began Serving 2013  
Informal: Tara Spouse: Ben  
**wk:** 615-269-7677 **cell:** 615-594-7677  
**email:** [tara@taralandarch.com](mailto:tara@taralandarch.com)

**Bill Bainbridge**  
Broker  
Bainbridge Realty Group  
4515 Harding Rd, Ste 100  
Nashville, TN 37205  
Began Serving 2015  
Informal: Bill Spouse: Paige  
**wk:** 615-385-8077 **cell:** 615-330-1196  
**email:** [bill@billbainbridge.com](mailto:bill@billbainbridge.com)

**E. Warner Bass**  
\* Chairman Emeritus  
Attorney \* (Past Board President 1992)  
Bass Berry & Sims PLC (Anne McCarthy)  
150 Third Avenue South, Suite 2800  
Nashville TN 37201  
**hm:** 1720 Chickering Road, Nashville TN 37215  
Began Serving 1987 Informal: Warner Spouse: Madge  
**wk:** 615-742-6210 **hm:** 615-373-8969  
**email:** [wbass@bassberry.com](mailto:wbass@bassberry.com)

**Frank M. Bass**  
Investment Advisor  
Lee Danner & Bass, Inc.  
One American Center, Suite 1250  
3100 West End Avenue  
Nashville, TN 37203  
**hm:** 4439 E. Brookfield Drive  
Nashville, TN 37205  
Began Serving 2012 Informal: Frank Spouse: Allison  
615-244-7775 **hm:** 615-269-9234 **cell:** 615-828-9234  
**email:** [frank@leedannerbass.com](mailto:frank@leedannerbass.com)

**Brian Bivens**  
Lobbyist  
**hm:** 4002 Vailwood Drive  
Nashville, TN 37215  
Began Serving 2013 Informal: Brian Spouse: Clark  
**hm:** **wk:** **cell:** 330-9445 **fax:**  
**email:** [lobbytn@yahoo.com](mailto:lobbytn@yahoo.com)

**Sylvia Davidson Bradbury** (Mrs. Doug)  
Civic Leader  
**hm:** 1609 Nottingham Place  
Nashville, TN 37221  
Began Serving 2015  
Informal: Sylvia Spouse: Doug  
**hm:** 615-646-2462 **cell:** 615-812-8767  
**email:** [Sbrad1609@aol.com](mailto:Sbrad1609@aol.com)

**Wood Caldwell**  
Principal, Southeast Venture  
4011 Armory Oaks Drive  
Nashville, TN 37204  
**hm:** 4416 Granny White Pike  
Nashville, TN 37204-4156  
Began Serving 2017  
Informal: Wood Spouse: Ginny  
**wk:** 615-833-8716 x31 **cell:** 615-250-8676  
**email:** [wcaldwell@southeastventure.com](mailto:wcaldwell@southeastventure.com)

**M. Gavin Duke**  
Principle Partner  
Page/Duke Landscape Architects  
1206 17<sup>th</sup> Avenue  
Nashville, TN 37212  
**hm:** 407 Lynnwood Boulevard  
Nashville, TN 37205-3434  
Began Serving 2017  
Informal: Gavin Spouse: Lorie  
**wk:** 615-320-0220 **cell:** 615-  
**email:** [gavin@pageduke.com](mailto:gavin@pageduke.com)

## **BOARD MEMBERS:**

### **Dr. Jeffrey Lee Fincher**

Higher Education – Development Director  
Lipscomb University  
One University Park Drive  
Nashville, TN 37204-3951  
**hm:** 728 Harpeth Parkway West  
Nashville, TN 37221  
Began Serving 2013  
Informal: Jeff Spouse: Natasha  
**wk:** 615-966-6214 **cell:** 615-500-4362  
**email:** [jeff.fincher@lipscomb.edu](mailto:jeff.fincher@lipscomb.edu)

### **John Chester Frist (Chet Frist)**

Owner, LifeGuard Medical Solutions  
821 Fesslers Parkway  
Nashville, TN 37210  
**hm:** 301 Deerwood Lane  
Brentwood, TN 37027  
Began Serving 2012  
Informal: Chet Spouse: Mary Virginia  
**wk:** 615-256-1818 **hm:** 615-373-9593 **cell:** 615-491-6996  
**email:** [chetfrist@comcast.net](mailto:chetfrist@comcast.net) or [chet@lifeguardmed.com](mailto:chet@lifeguardmed.com)

### **Sara Jo Houghland Gill**

Civic Leader  
**hm:** 1060 Old Hickory Boulevard  
Brentwood, TN 37027-4220  
Began Serving 2016  
Informal: Sara Jo Spouse: Don  
**hm:** 615-000-0000 **cell:**  
**email:** [sarajogill@gmail.com](mailto:sarajogill@gmail.com)

### **Hoyt Halvorson**

Frist Capital  
3100 West End Avenue, Suite 1225  
Nashville, TN 37203  
**hm:**  
Nashville, TN 372  
Began Serving 2017  
Informal: Hoyt Spouse: Rachel  
**wk:** 615- **cell:** 615-269-7979  
**email:** [hhalvorson@fristcapital.com](mailto:hhalvorson@fristcapital.com)

### **Mrs. John B. Hardcastle (Fran)**

Civic Leader  
**hm:** 4429 Sheppard Place  
Nashville, TN 37205  
Began Serving 2013  
Informal: Fran  
**hm:** 615-292-4338 **cell:** 615-390-5851 **fax:** 615-297-1794  
**email:** [franhardcastle@yahoo.com](mailto:franhardcastle@yahoo.com)

### **Kindy K. Hensler (Mrs. Raymond)**

Retired Attorney  
**hm:** 218 Carden Avenue  
Nashville, TN 37205  
Began Serving 2012  
Informal: Kindy Spouse: Ray  
**hm:** 615-463-3315 **cell:** 615-828-4064  
**email:** [kindyh@yahoo.com](mailto:kindyh@yahoo.com)

### **Bill Hirschman**

Executive Director/Banker  
J.P. Morgan Private Bank  
1600 Division Street, Suite 620  
Nashville, TN 37203  
**hm:**  
Nashville, TN 372  
Began Serving 2017  
Informal: Bill Spouse: Holly Hall Hirschman  
**hm:** 615- **cell:** 615-780-4369  
**email:** [billhirschman@outlook.com](mailto:billhirschman@outlook.com)  
[Bill.hirschman@ipmorganc.com](mailto:Bill.hirschman@ipmorganc.com) (don't use!)

### **Hugh C. Howser**

Owner and Event Designer  
H Three Events  
Nashville, TN 37205  
**hm:** 3800 West End Avenue, Apt. 6  
Nashville, TN 37205-2452  
Began Serving 2017  
Informal: Hugh Spouse:  
**hm:** 615- **cell:** 615-596-4238  
**email:** [Hugh@HThreeEvents.com](mailto:Hugh@HThreeEvents.com)

### **Paul Lewis Huddleston**

Owner, Please Be Seated  
5901 California Avenue  
Nashville, TN 37209  
**hm:** 161 Cheek Road  
Nashville, Tennessee 37205  
Began Serving 2016  
Informal: Paul Spouse: Mary  
**wk:** 615-925-3367 **cell:** 214-282-9332  
**email:** [paul@pleasebeseated.com](mailto:paul@pleasebeseated.com)

### **Jeremy D. Kane**

Consultant  
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Began Serving 2016  
Informal: Jeremy Spouse: Tracy  
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## **BOARD MEMBERS:**

### **James R. King, Jr.**

Consultant

**hm:** 1876 Laurel Ridge Drive

Nashville, TN 37215

Began Serving 2012

Informal: Jim Spouse: Fiona

**pref:** 615-417-7979 **hm:** 615-665-4460 **cell:** 615-417-7979

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### **Herb Kneeland III**

**hm:** 614 Green Park

Nashville, TN 37215

Began Serving 2015

Informal: Herb Spouse: Judy

**hm:** 615-460-1144 **cell:** 615-972-9249

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### **Elizabeth Bass Lamar** (Mrs. Howard H., III)

Past Board President, 2012/13/

Civic Leader

**hm:** 805 Westview Avenue

Nashville, TN 37205

Began Serving 2007

Informal: Elizabeth Spouse: Howard

**hm:** 615-665-4399 **cell:** 615-347-6881

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### **Julia F. Landstreet** (Mrs. Beverly W., IV)

Past Board President, 2010/11

Past Board Vice-President, 2008

**hm:** 4318 Sunnybrook Drive

Nashville, TN 37205

Began Serving 2003

Informal: Julia Spouse: Bev

**615-297-9628 wk: cell:** 615-579-6050

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### **Cynthia Lee**

Retired, University School of Nashville

**hm:** 1912 18<sup>th</sup> Avenue South

Nashville, TN 37212

Began Serving 2016

Informal: Cynthia

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### **Amy Marsalis**

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Began Serving 2015

Informal: Amy Spouse: Keith Simpkins

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### **Paul Oakley**

Vice President of Communications, Bridgestone Americas

535 Marriott Drive

Nashville, TN 37214

**hm:** 6532 Radcliff Drive

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Began Serving 2015

Informal: Paul Spouse: Jami

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### **Elizabeth (Libby) Robinson Page**

Page and Windrow, LLC

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Began Serving 2016

Informal: Libby Spouse: Ben

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[libbypage@pageandwindrow.com](mailto:libbypage@pageandwindrow.com)

### **Jane Anne Pilkinton**

G & G Interiors/Civic Leader/Community Volunteer

Highway 100

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Began Serving 2016

Informal: Jane Anne Spouse: Dale

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### **Beth Preston** (Mrs. Steve)

Civic Leader/Community Volunteer

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Began Serving 2017

Informal: Beth Spouse: Steve

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### **Jeremiah Pyron**

Advisor, OakPoint Real Estate

2 Music Circle South, Ste 200

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**hm:** 716 Branch Creek Road

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Began Serving 2016

Informal: Jeremiah Spouse: Mary Clare

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## **BOARD MEMBERS:**

### **Christopher Sloan**

Shareholder, Baker Donelson Center  
Suite 800, 211 Commerce Street  
Nashville, Tennessee 37201  
**hm:** 2036 Priest Road  
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Began Serving 2015  
Informal: Chris Spouse: Shannon  
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### **Paul Sloan**

Board Chair, Cumberland River Compact  
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Nashville, TN 37213  
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Franklin, TN 37069  
Began Serving 2016  
Informal: Paul Spouse: Margaret  
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### **Thad Taylor**

Director of Communications, HCA  
One Park Plaza, Nashville TN 37203  
**hm:** 1512 Pumpkin Ridge Court  
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Began Serving 2015  
Informal: Thad Spouse: Erika  
**wk:** 615-344-1046 **hm:** 615-750-3498 **cell:** 206-228-8324  
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### **Henry Trost**

Board Secretary, 2014/15  
Director, Cornerstone Commercial Real Estate Services  
5106 Maryland Way  
Brentwood, TN 37027  
**hm:** 1228 Vintage Place  
Nashville, TN 37215  
Began Serving 2007  
Informal: Henry Spouse: Lynne  
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## **ADVISORY COUNCIL:**

### **Beth C. Alexander (Mrs. Dave A., Jr.)**

Vice President of Community and Investor Relations  
CapStar Bank  
2321 Crestmoor Road  
Nashville, TN 37215  
**hm:** 104 Vaughn Road  
Nashville, TN 37221  
Began Serving 2011  
Informal: Beth Spouse: Dave  
**hm:** 615-377-9600 **cell:** 615-294-1615 **wk:** 615-732-6424  
**fax:** 732-6425 **email:** [balexander@capstarbank.com](mailto:balexander@capstarbank.com)

### **Tara Alford (Mrs. Andrew)**

Past Board Secretary, 2012  
EVP Consumer Banking Director  
CapStar Bank  
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Nashville, TN 37219  
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Began Serving 2011  
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### **Lawson C. Allen**

Past President, 2008/09 (Board Treasurer, '03-'07)  
Investments, Lee, Danner & Bass Inc.  
One American Center  
3100 West End Avenue, Suite 1250  
Nashville, TN 37203-1370  
**hm:** 108 Westhampton Place  
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Began Serving 2000  
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### **Clare C. Armistead**

Civic Leader  
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**ADVISORY COUNCIL:**

**James William Blevins**

Board President, beginning 2014

Past Board Vice-President, 2012

Chairman, Blevins Inc.

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Began Serving 2009

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Began Serving 2010

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Began Serving 2011

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Began Serving 2006

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

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Began Serving 2006

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Began Serving 2010

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**Jane Hughes Coble (Mrs. G. William, II)**

Civic Leader Nominating Committee

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Began Serving 2000

Informal: Jane Spouse: Bill

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**Leslie Daviss Coble**

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Began Serving 2009

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**Martha Hays Cooper (Mrs. Jim)**

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Began Serving 2003

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**Debbie Wallace Craig (Mrs. C. A., II)**

Civic Leader

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Began Serving 1996

Informal: Debbie Spouse:

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**Linda Williams Dale (Mrs. Robert V.)**

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Began Serving 1991

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## **ADVISORY COUNCIL:**

### **Page Davidson**

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Began Serving 2011  
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### **Anne Davis**

Lawyer and Teacher, Vanderbilt Law School  
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Began Serving 2007  
Informal: Anne Spouse: Karl Dean  
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### **James Douglas**

Hodgson & Douglas  
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Began Serving 1991  
Informal: Jim Spouse: Lou  
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### **Laurie Gold Eskind (Mrs. Steven)**

Civic Leader  
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Began Serving 1994  
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### **Katherine Follin**

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Began Serving 2009  
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### **Joseph Stanley (Stan) Fossick**

Executive Vice President, MidSouth Wire  
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Began Serving 2016  
Informal: Stan Spouse: Carol Etherington Fossick  
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### **Phyllis Fridrich (Mrs. Steve G.)**

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Began Serving 2001  
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### **Patricia C. Frist (Mrs. Thomas, Jr.)**

Civic Leader  
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Began Serving 1994  
Informal: Trish Spouse: Tommy  
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### **Rebecca M. Fyke (Mrs. James H.)**

Accountant, Checks and Balances  
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Nashville TN 37215  
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Began Serving 1994  
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### **Anne Goetze**

Artist/Photographer  
Post Office Box 644  
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Began Serving 1999  
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### **Aubrey "Trey" Harwell III**

Neal & Harwell, PLC  
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Began Serving 2010  
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**ADVISORY COUNCIL:****Robert M. Hutton, M.D.**

Physician, 2000 Church Street  
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Began Serving 2011

Informal: Robert Spouse: Jacqueline

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**Orrin H. Ingram**

President & CEO, Ingram Industries  
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Began Serving 1994

Informal: Orrin Spouse: Lee Ann

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**Lillias Dale Johnston (Mrs. William P.)**

Interior Designer, Annali Interiors  
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Began Serving 2000

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**Peggy Henry Joyce**

Civic Leader

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Began Serving 1994

Informal: Peggy hm: 615-269-3803

**A. Scott Kendrick**

Past Board Treasurer, 2008-2011  
Kendrick Financial Services, LLC  
Same as home address

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Nashville, TN 37215

Began Serving 2006

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**Randall Loftin Kinnard**

Attorney

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Began Serving 2005

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**Elizabeth Lea Knox**

Bank of America N.A.  
TN1-100-03-01

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Began Serving 2010

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**Ashley Caldwell Levi (Mrs. Joseph C.)**

(Past Board Secretary – 2000)

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Began Serving 1996

Informal: Ashley Spouse: Joe

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**H. Newton Lovvorn, Jr., M.D.**

Retired, Doctor

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Began Serving 2008

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**Ellen Harrison Martin**

Civic Leader

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Began Serving 1995

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**ADVISORY COUNCIL:****Linda L. Mason** (Mrs. Steven)

Civic Leader

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Began Serving 2005

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**hm:** 615-297-8569 **wk:** 615-972-8351**email:** [linda.mason@comcast.net](mailto:linda.mason@comcast.net)**Marie DuPre Masterson** (Mrs. George H.)

Past Board Secretary, 2010-2011

Civic Leader/Retired Lawyer

**hm:** 119 Clarendon Avenue

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Began Serving 2009

Informal: Marie Spouse: George H.

**hm:** 615-297-1472 **cell:** 615-202-2770**email:** [mariemasterson@att.net](mailto:mariemasterson@att.net)**Joseph L. May**

Attorney, retired

**hm:** 133 Abbottsford

Nashville TN 37215-2442

Began Serving 1996

Informal: Jack Spouse: Lynn

**hm:** 615-298-2206**Robert A. McCabe, Jr.**

Chairman, Pinnacle Bank

Suite 900, 150 Third Avenue South

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**hm:** 4418 Herbert Place

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Began Serving 1998

Informal: Rob Spouse: Jennie

**wk:** 615-744-3729 **cell:** 615-310-0183 **hm:** 615-383-6165**email:** [rob.mccabe@mypinnacle.com](mailto:rob.mccabe@mypinnacle.com)**Brian Reames**

Past Board Treasurer, 2012/13

SVP, Highwoods Properties

3322 West End Avenue, Suite 600

Nashville, TN 37203

**hm:** 412 Ellendale Avenue

Nashville, TN 37205

Began Serving 2011

Informal: Brian Spouse: Leigh

**hm:** 615-298-9938 **wk:** 615-340-1230 **cell:** 615-347-0048**email:** [brian.reames@highwoods.com](mailto:brian.reames@highwoods.com)[brianreames3@gmail.com](mailto:brianreames3@gmail.com)**Mr. John T. Rochford**

President

The Rochford Company

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**hm:** 215 Belle Meade Boulevard

Nashville, TN 37205

**other:** 1426 Moran Road

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Began Serving 2000

Informal: John Spouse: Carol

**hm:** 615-383-1141 **cell:** 615-804-9500**email:** [jrochford@rochfordcompany.com](mailto:jrochford@rochfordcompany.com)**Leah Knox Rubino** (Mrs. William)

Civic Leader

**hm:** 6388 Chickering Circle

Nashville, TN 37215

Began Serving 2002

Informal: Leah Spouse: Bill

**cell:** 615-309-8025**email:** [leahrubino@bellsouth.net](mailto:leahrubino@bellsouth.net)**Caroline Boyd Stevens** (Mrs. Lemuel)**hm:** 4422 Warner Place

Nashville, TN 37205

Began Serving 1992

Informal: Caroline Spouse: Lem

**hm:** 615-665-2811**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

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**hm:** 615-383-7033**email:** [gracie6570@yahoo.com](mailto:gracie6570@yahoo.com)**Emily Cate Tidwell** (Mrs. Cromwell)

Civic Leader

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Began Serving 2004

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**hm:** 615-665-7371**email:** [ectidwell@gmail.com](mailto:ectidwell@gmail.com)



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**ADVISORY COUNCIL:**

**Laurence O. Trabue, Jr.**

Sr. V. P. Financial Advisor

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Began Serving 2002

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**Reed Trickett**

Past Vice-President, 2010

President, Trickett Honda

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Began Serving 2007

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**Alex Fall Wade**

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Began Serving 2010

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**Lawrence Thomas Wieck**

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Began Serving September 2011

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**David M. Wilds**

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Nashville, TN 37205 Began Serving 1993

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