

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial 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) Room/suite
50 VAUGHN ROAD
City or town, state or country, and ZIP + 4
NASHVILLE TN 37221

D Employer identification number
62-1333658

E Telephone number
615-370-8051

G Gross receipts \$ **742,041**

F Name and address of principal officer:
ELEANOR WILLIS
50 VAUGHN ROAD
NASHVILLE TN 37221

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.FRIENDSOFWARNERPARKS.COM** **H(c)** Group exemption number

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:
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 Check this box ☐ 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) **3 40**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4 40**

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) **5 4**

6 Total number of volunteers (estimate if necessary) **6 2492**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a 0**

b Net unrelated business taxable income from Form 990-T, line 34 **7b 0**

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,061,476	478,604
9 Program service revenue (Part VIII, line 2g)	45,584	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,128	4,547
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-414,343	258,890
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	694,845	742,041

Expenses

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	238,009	237,410
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) 177,466		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	273,626	403,511
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	511,635	640,921
19 Revenue less expenses. Subtract line 18 from line 12	183,210	101,120

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	12,925,982	13,007,898
21 Total liabilities (Part X, line 26)	33,426	20,028
22 Net assets or fund balances. Subtract line 21 from line 20	12,892,556	12,987,870

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 **ELEANOR WILLIS** Date
Type or print name and title **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name **JAN D. KOLB** Preparer's signature **JAN D. KOLB** Date
Check ☐ if self-employed PTIN **P00542646**

Firm's name **FOX, KOLB & ASSOCIATES, PLLC** Firm's EIN **26-0372062**
Firm's address **5141 VIRGINIA WAY STE 470 BRENTWOOD, TN 37027-4452** Phone no. **615-690-6550**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **410,000** including grants of \$) (Revenue \$)
PROJECTS HELPED TO PRESERVE AND PROTECT THE NATURAL BEAUTY OF THE PARKS. ALSO, THE PROGRAMS SUPPORTED EDUCATION PROGRAMS FOR THE PUBLIC AT THE NATURE CENTER, AS WELL AS PROVIDING FOR PARK RANGERS AND NATURALISTS. CONSERVATION EDUCATION WAS TAUGHT, AS WELL AS PROVIDING OPPORTUNITIES FOR MANY PEOPLE FOR HANDS ON EDUCATION AND OUTDOOR RECREATION.

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

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

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

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

4e Total program service expenses **410,000**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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		X
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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	X	
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	X	
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
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, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
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)		X
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	X	
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 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		X
28 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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		X
36 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		X
37 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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2a	4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a	40
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	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?	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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		X
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	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?		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?		

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

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, physical address, and telephone number of the person who possesses the books and records of the organization: **BECKY FYKE** **4205 HILLSBORO ROAD**

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) ELEANOR L. WILLIS EXEC. DIR.	45.00	X		X				76,000	0	0
(2) SEE ATTACHED BOARD OF DIRECTORS SEE ATTACHED	1.00	X		X				0	0	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								76,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								76,000		

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	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 **0**

BOARD OF DIRECTORS - FRIENDS OF WARREN PARKS
2012

Ex-Officio: Director of Metro Parks: Tommy Lynch
Metro Board of Parks & Recreation
Administrative Office, Oman Street, Nashville TN 37201
862-8400 ext. 8414

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

Young Leaders Council:
Representatives
Ryan McKinney
428-8092
email: ryan@roadshowautosport.com
Jeffrey Lee (Dr. Jeff) Fincher (Natasha)
Lipscomb University (Alumni Relations)
One University Park Drive
Nashville, TN 37204-3951
hm: 728 Harpeth Parkway West
Nashville, TN 37221
wk: 966-6214 cell: 500-4362 fax: 966-1882
email: jeff.fincher@lipscomb.edu

Sunday in the Park Chairs:
2012
Kathleen Estes (Mrs. Alec T.)
5125 Annesway Drive
Nashville, TN 37205
hm: 353-0575 cell: 390-9292
email: estes90@comcast.net
Leigh Reames (Mrs. Brian)
412 Ellendale Avenue
Nashville, TN 37205
hm: 298-9938 cell: 351-1379
email: leighreames@comcast.net

Golf Scramble:
2012

BOARD OFFICERS:

Elizabeth Bass Lamar (Mrs. Howard H., III)
President, beginning 2012
Civic Leader
hm: 805 Westview Avenue
Nashville, TN 37205
Began Serving 2007
Informal: Elizabeth Spouse: Howard
hm: 665-4399 cell: 347-6881
email: eblamar@gmail.com

James William Blevins
Vice-President, beginning 2012
Chairman, Blevins Inc.
Post Office Box 150056
Nashville, TN 37215
hm: 22 Lynwood Lane
Nashville, TN 37205
Began Serving 2009
Informal: Bill Spouse: Melba
hm: 292-6315 wk: 298-5000 cell: 804-6454
fax: 298-3661 email: bblevins01@comcast.net

William Brian Reames
Board Treasurer, beginning 2012
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: 298-9938 wk: 340-1230 cell: 347-0048
email: brianreames@comcast.net
or Brian.Reames@highwoods.com

Tara Alford (Mrs. Andrew)
Board Secretary, beginning 2012
SVP, Investment Advisors Division
Fifth Third Bank
424 Church Street, Suite 600
Nashville, TN 37219
hm: 6321 Chickering Circle
Nashville, TN 37215
Began Serving 2011
Informal: Tara Spouse: Andrew
687-3018 hm: 376-9120 cell: 218-3832 fax: 687-3144
email: tara.alford@53.com

BOARD MEMBERS:

Frank G. Abernathy

Attorney and Business Consultant
115 Penn Warren Drive, Suite 300-306
Brentwood, TN 37027
hm: 908 South Lane Court
Brentwood, TN 37027
Began Serving 2007
Informal: Frank Spouse: Benita
hm: 833-0492 wk: 828-8203 fax: 333-9374
email: fabernathy@msn.com

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: 377-9600 cell: 294-1615 wk: 732-6424
fax: 732-6425 email: baalexander@capstarbank.com

Jodi Wilt Banks (Mrs. Mark)

Civic Leader
hm: 5608 South Stanford Court
Nashville, TN 37215
Began Serving 2007
Informal: Jodi Spouse: Mark
hm: 665-9284 cell: 479-6205
email: jodibanks1@comcast.net

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
742-6210 fax: 742-2710 hm: 373-8969
email: 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
244-7775 hm: 269-9234 cell: 828-9234 fax: 244-5778
email: frank@leedannerbass.com

Gwen Bond (M James H.)

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

Cathy Stewart Brown (Mrs. Martin, Jr.)

Civic Leader
hm: 208 Craighead Avenue
Nashville, TN 37205
Began Serving 2010
Informal: Cathy Spouse: Martin
hm: 298-5511 cell: 585-5540 fax: 297-1748
email: cathystewart@comcast.net

Elizabeth Sedgwick Brunson (Stuart)

Civic Leader
hm: 129 Page Road
Nashville, TN 37205
Began Serving 2011
Informal: Eliza Spouse: Stuart
hm: 353-2811 cell: 364-7563
email: elizabrunson@mac.com

Nancy H. Bunting (Mrs. Jeffrey)

Civic Leader
hm: 1211 Chickering Road
Nashville, TN 37215
Began Serving 2006
Informal: Nancy Spouse: Jeff
hm: 385-2003 cell: 585-4093 email: nancyhbunting@gmail.com

Barbara B. Caldwell (Mrs. Meredith)

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

John W. Clay, Jr.

Retired Banker
hm: 9 Lynnwood Lane
Nashville, TN 37205
Began Serving 2006
Informal: John Spouse: Anne
hm: 292-6080 fax: 292-2211
email: JWClay2@comcast.net

Grace O'Neal Clayton

Realtor

Broker South Real Estate Partners

3813 Cleghorn Avenue, #101

Nashville, TN 37215

hm: 513 Sloan Road

Nashville, TN 37209

Began Serving 2010

Informal: Grace

wk: 297-8543 **cell:** 305-1426 **fax:** 297-8544**email:** clayton.grace@gmail.com**George Morris Clements**

General Contractor

hm: 710 Clearview Drive

Nashville, TN 37205

Began Serving 2010

Informal: George Spouse: Natalie Kay Lund Clements

hm: 297-2229 **cell:** 438-7483**email:** georgeclements@mac.com**Leslie Daviss Coble**

COO, NeighborMD Urgent Care

3841 Green Hills Village Drive, Suite 410

Nashville, TN 37215

hm: 306 Deer Park Circle

Nashville, TN 37205

Began Serving 2009

Informal: Les Spouse: Elizabeth

hm: 385-5114 **cell:** 473-6659 **fax:** 463-3177**email:** lescoble@comcast.net**Page Davidson**

Attorney, Bass, Berry & Sims

150 Third Avenue South, Suite 2800

Nashville, TN 37201

hm: 4413 Warner Place

Nashville, TN 37205

Began Serving 2011

Informal: Page Spouse: Nina

hm: 964-7171 **wk:** 742-6253 **cell:** 417-3073**fax:** 742-2753 **email:** pdavidson@bassberry.com**Delta Anne Davis**

Lawyer and Teacher

Vanderbilt Law School

hm: 3420 Hampton Avenue

Nashville, TN 37215

Began Serving 2007

Informal: Anne Spouse: Mayor Karl Dean

hm: 383-7276 **cell:** 400-7276**email:** deltaanne@comcast.net**Robert P. Feldman**

Development/ Fundraising Executive/Consultant

hm: 11 Valley Forge

Nashville, TN 37205

Began Serving 2008

Informal: Bob

hm: 279-9489 **cell:** 668-0300**fax:** 292-3451 **email:** robertpfeldman@gmail.com**Katherine Follin**

Civic Leader

hm: 4416 Gerald Place

Nashville, TN 37205

Began Serving 2009

Informal: Kathy

hm: 297-5072 **wk:****email:** follink@bellsouth.net**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

256-1818 hm: 373-9593 **cell:** 491-6996 **fax:** 256-6884**email:** chetfrist@comcast.net or chet@lifeguardmed.com**Luke Martin Froeb**

Professor

Owen School/Vanderbilt

401 Twenty-First Avenue South

Nashville, TN 37203

hm: 4114 Skyline Drive

Nashville, TN 37215

Began Serving 2009

Informal: Luke Spouse: Lisa

cell: 424-7097 **wk:** 322-9057 **fax:** 343-7177**email:** luke.froeb@owen.vanderbilt.edu**Aubrey Harwell III**

Neal & Harwell, PLC

2000 One Nashville Place

150 Fourth Avenue North, Suite 2000

Nashville, TN 37219-2498

hm: 1507 Paris Avenue

Nashville, TN 37212

Began Serving 2010

Informal: Trey

hm: 371-0950 **cell:** **wk:** 244-1713**email:** tharwell@nealharwell.com

Kindy K. Hensler (Mrs. Raymond)

Retired Attorney

hm: 218 Carden Avenue

Nashville, TN 37205

Began Serving 2012

Informal: Kindy Spouse: Ray

hm: 463-3315 cell: 828-4064**email:** kindyh@yahoo.com**David W. Hudnall**

Environmental Manager, Forest Resources

LP Building Products

414 Union Street, Suite 2000

Nashville, TN 37219

hm: 361 Sandcastle Road

Franklin, TN 37069

Began Serving 2008

Informal: David Spouse: Donna

hm: wk: 986-5796 cell: 903-520-2229**email:** David.Hudnall@LPCorp.comor thehudstn@comcast.net**Robert M. Hutton, M.D.**

Physician, 2000 Church Street

Nashville, TN 37236

hm: 229 Deer Park Circle

Nashville, TN 37205

Began Serving 2011

Informal: Robert Spouse: Jacqueline

hm: 353-3844 cell: 479-2230 wk: 284-5897**email:** drboonash@comcast.net**Elizabeth R. James**

Event Planner

hm: 104 LaSalle Court

Nashville, TN 37205

Began Serving 2008

Informal: Elizabeth

hm: 356-3930 cell: 585-6222 fax: 356-3911**email:** elizabethjames@comcast.net**James R. King, Jr.**

Consultant

hm: 1876 Laurel Ridge Drive

Nashville, TN 37215

Began Serving 2012

Informal: Jim Spouse: Fiona

Preferred: 417-7979 **hm:** 665-4460 cell: 417-7979**Fax:** 665-8957 **email:** JK4017@aol.com**Elizabeth Lea Fox**

Bank of America N.A.

TN1-100-03-01

414 Union Street

Nashville, TN 37219

hm: 819 Bresslyn Road

Nashville, TN 37205-1203

Began Serving 2010

Informal: Elizabeth Spouse: Z. Alexander Gentle (Alex)

hm: 352-9785 cell: 587-1620 wk: 749-3918 fax: 749-3908**email:** knoxel@comcast.net**H. Newton Lovvorn, Jr., M.D.**

Retired, Doctor

hm: 1011 Belle Meade Boulevard

Nashville, TN 37205

Began Serving 2008

Informal: Newt Spouse: Janice

hm: 383-5742 cell: 218-2901**fax:** 383-5742 **email:** nlovvorn@gmail.com**Marie DuPre Masterson (Mrs. George H.)**

Past Board Secretary, 2010-2011

Civic Leader/Retired Lawyer

hm: 119 Clarendon Avenue

Nashville, TN 37205

Began Serving 2009

Informal: Marie Spouse: George H.

hm: 297-1472 cell: 202-2770**email:** mariemasterson@att.net**Kristin Chase Taylor (Mrs. Donald)**

Past Board Secretary, 2007

Civic Leader/Perenity

3800 Woodlawn Drive

Nashville, TN 37212

hm: 302 Jackson Boulevard

Nashville, TN 37205

Began Serving 2005

Informal: Kristin Spouse: Donald (Don)

hm: 383-5884 wk: 504-5884 fax: 297-4412**email:** ktaylor302@comcast.net**Reed Trickett**

Past Vice-President, 2010

President, Trickett Honda

1821 Gallatin Road North

Madison, TN 37115

hm: 212 Lynnwood Boulevard

Nashville, TN 37205

Began Serving 2007

Informal: Reed Spouse: Rosemary (Rosie)

hm: 385-3549 wk: 868-1870 fax: 868-3888**email:** reedtrickett@aol.com

Henry Trost
Regional Leasing Director
Health Care Reit, Inc.
5106 Maryland Way
Brentwood, TN 37027
hm: 1228 Vintage Place
Nashville, TN 37215
Began Serving 2007
Informal: Henry Spouse: Lynne
hm: 665-0210 cell: 504-0293 wk: 234-4526
email: hatrost@comcast.net or htrost@hcreit.com

Louis Upkins, Jr.
Partner, GIANT Impact
2550 Meridian Boulevard, Suite 200
Franklin, TN 37067
hm: 1017 Vaughn Crest Drive
Franklin, TN 37069
Began Serving 2012
Informal: Louis Spouse: Charita
hm: 309-7601 wk: 567-8052 cell: 478-3575
email: louis.upkins@giantimpact.com

Alex Fall Wade
Wade & Egbert Insurance Agency President
40 Burton Hills Boulevard, Suite 170
Post Office Box 150229
Nashville, TN 37215
hm: 1645 Old Hillsboro Road
Franklin, TN 37069
Began Serving 2010
Informal: Alex Spouse: Mary
hm: 790-3893 cell: 972-7987 wk: 620-2829 fax: 383-0591
email: alexwade@wade-egbert.com

William C. Weaver IV
Emma
2120 Eighth Avenue South
Nashville, TN 37204
hm: 428 Royal Oaks Drive
Nashville, TN 37205
(3607 Hampton Avenue
Nashville, TN 37215)
Began Serving 2010
Informal: Will Spouse: Kristen
hm: cell: 460-4631 wk: 296-0880
email: will@myemma.com

Ann Tutwiler st (Mrs. Axson E.)
Admissions, Ensworth High School
7401 Highway 100
Nashville, TN 37221
hm: 3508 Byron Avenue
Nashville, TN 37205
Began Serving 2009
Informal: Ann Spouse: Axson
301-8926 298-1602 cell: 584-3508
email: westa@ensworth.com

Lawrence Thomas Wieck
Contractor
Wieck Construction, LLC
104 Kenner Avenue, Suite 200
Nashville, TN 37205
hm: 411 Sunnyside Drive
Nashville, TN 37205-3413
Began Serving September 2011
Informal: Larry Spouse: Mary
269-0873 383-5887 wk: 385-2101 cell: 347-2040
email: lwieck@wieckconstruction.com

Mark Zook
Hastings Architecture Associates LLC
127 Third Avenue South
Nashville, TN 37201
hm: 605 Meadow Glen Court
Nashville, TN 37221
Began Serving 2009
Informal: Mark Spouse: Lauren
wk: 329-1399 cell: 300-7331 fax: 329-1486
email: mzook@haa.us

ADVISORY COUNCIL:

Lawson C. Allen
Past President, 2008-2009 (Board Treasurer, '03-'07)
Investments
Lee, Danner, Bass
One American Center
3100 West End Avenue, Suite 1250
Nashville, TN 37203-1370
hm: 108 Westhampton Place
Nashville, TN 37205
Began Serving 2000
Informal: Lawson Spouse: Mary Lauren
383-1788 cell: 310-5539 244-7775 fax: 244-5778
email: lawson@leedannerbass.com

Clare C. Armistead (Mrs. Hunter)
hm: 296 Harding Place
Nashville TN 37205
Began Serving 1990
Informal: Clare
297-2827 cell: 585-3513 fax: 297-2864
email: clarearmistead@comcast.net

Ronald R. Carrier
Minister
hm: 1511 Harding Place
Nashville, TN 37215
Began Serving 2004
Informal: Ron Spouse: Lois Right (Lois)
hm: 665-0053 cell: 496-8085
email: loisroncarrier@comcast.net

Jane Hughes Coble (Mrs. G. William, II)
Civic Leader
hm: Riverbluff Farm
5033 Old Hickory Boulevard
Nashville, TN 37218
Began Serving 2000
Informal: Jane Spouse: Bill
242-5655 fax: 242-0395 cell: 969-1468
email: coblejane@gmail.com

Martha Hays Cooper (Mrs. Jim)
Civic Leader
2319 Woodmont Boulevard
Nashville, TN 37215
Began Serving 2003
Informal: Martha Spouse: U.S. Representative Jim
297-2566 email: mbhcooper@aol.com

Debbie Wallace Craig (Mrs. C. A., II)
Civic Leader
hm: 206 Paddock Lane
Nashville TN 37205
Began Serving 1996
Informal: Debbie Spouse:
790-7723 fax: 678-6675 email: cacraig2@comcast.net

Linda Williams Dale (Mrs. Robert V.)
hm: 1414 Chickering Road
Nashville TN 37215
Began Serving 1991
Informal: Linda Spouse: Bobby
297-1716 email: preferably not
fax: 292-2542

James Douglas
Hodgson & Douglas
120 29th Avenue South
Nashville TN 37212
hm: 2744 Rock Wall Road
Nashville TN 37221
Began Serving 1991
Informal: Jim Spouse: Lou
327-4447 fax: 321-3004 hm: 373-6913
email: jdouglas@hodgsondouglas.com

Laurie Gold Esq. and (Mrs. Steven)
Civic Leader
hm: 2322 Golf Club Lane
Nashville TN 37215
Began Serving 1994
Informal: Laurie Spouse: Steven
383-2105 email: Leskind32@aol.com

David S. Ewing
Attorney at Law
Rudy, Wood & Winstead PLLC
1812 Broadway
Nashville, TN 37203
hm: Post Office Box 121495
2126 Blair Boulevard
Nashville, TN 37212
Began Serving 2003
Informal: David Spouse: Alice Randall
hm: 269-7787 cell: 838-4507
email: davidewingtn@yahoo.com or dewing@rudylaw.net

Phyllis Fridrich (Mrs. Steve G.)
Civic Leader
hm: 617 Westover Drive
Nashville, TN 37205-3716
Began Serving 2001
Informal: Phyllis Spouse: Steve
353-1200 cell: 478-0349 fax: 353-0019
email: phyllisfridrich@gmail.com

Patricia C. Frist (Mrs. Thomas, Jr.)
Civic Leader
hm: 1304 Chickering Road
Nashville TN 37215
Began Serving 1994
Informal: Trish Spouse: Tommy
383-8449 email: trishfrist@aol.com

Rebecca M. Fyke (Mrs. James H.)
Accountant
Checks and Balances
4205 Hillsboro Road
Nashville TN 37215
hm: 6324 Chickering Woods Drive
Nashville TN 37215
Began Serving 1994
Informal: Becky Spouse: Jim
385-0237 fax: 385-0139 hm: 370-4688
email: bfiyketn@aol.com

Anne Goetze
Artist / Photographer
Post Office Box 644
Franklin, TN 37065
hm: 4080 Carters Creek Pike, Franklin TN 37064
Began Serving 1999
Informal: Anne
790-2609 email: anniemae9@aol.com

Christine Locke-Paddon Hagerty (Mrs. William)
Civic Leader
4362 Chickering Lane
Nashville, TN 37215
Began Serving 2005
Informal: Chrissy Spouse: William (Bill)
376-2610 wk: 202-320-3966 fax: 371-8750
email: chrissyhagerty@comcast.net

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

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

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

A. Scott Kendrick
Past Board Treasurer, 2008-2011
Kendrick Financial Services, LLC
Same as home address
hm: 2324 Golf Club Lane
Nashville, TN 37215
Began Serving 2006
Informal: Scott Spouse: Lynn
hm: 269-9200 cell: 478-9200
email: scott.Kendrick@comcast.net

Randall Loftin Kinnard
Attorney
Kinnard, Clayton & Beveridge Attorney
127 Woodmont Boulevard
Nashville, TN 37205
hm: 429 Jackson Boulevard
Nashville, TN 37205
Began Serving 2005
Informal: Randy Spouse: Peggy
hm: 292-1405 cell: 504-6060 wk: 297-1007 fax: 297-1505
email: Rkinnard@kcbattys.com

Julia F. Landstreet (Mrs. Beverly W., IV)
Past President, 2010-2011
Vice-President, 2008-2009
Executive Director
Nashville Civic Design Center
138 Second Avenue North, Suite 106
Nashville 37201
hm: 4318 Sunnybrook Drive
Nashville, TN 37205
Began Serving 2003
Informal: Julia Spouse: Bev
297-9628 wk: 248-4280 cell: 579-6050 fax: 248-4282
email: julialandstreet@gmail.com or
julia@civicdesigncenter.org

Ashley Caldwell Levi (Mrs. Joseph C.)
(Past Board Secretary – 2000)
hm: 102 Belle Brook Circle
Nashville TN 37205
Began Serving 1996
Informal: Ashley Spouse: Joe
hm: 269-7594 cell: 319-0912 email: ashlevi@bellsouth.net

Ellen Harrison Martin
Civic Leader
610 Belle Meade Boulevard
Nashville TN 37205
Began Serving 1995
Informal: Ellen
cell: 604-1214 hm: 292-4109 fax: 292-2066
email: ellenm1@bellsouth.net

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

Alyne Queener Massey (Mrs. Jack C.)
hm: 4431 Tyne Boulevard
Nashville TN 37215
Began Serving 1991
Informal: Alyne
269-0917 email: aqmassey@mac.com

Joseph L. May
Attorney, retired
hm: 133 Abbottsford
Nashville TN 37215-2442
Began Serving 1996
Informal: Jack Spouse: Lynn
298-2206

Robert A. McCabe, Jr.
Chairman, Pinnacle Bank
Suite 900, 150 Third Avenue South
Nashville TN 37201
hm: 4418 Herbert Place
Nashville TN 37215
Began Serving 1998
Informal: Rob Spouse: Jennie
744-3729 cell: 310-0183 hm: 383-6165 fax: 744-3780
email: rob.mccabe@mypinnacle.com

Dr. Bruce P'Pool
Dermatologist
hm: 2105 Piccadilly Place
Nashville TN 37215
Began Serving 1995
Informal: Bruce Spouse: Shocky
hm: 373-8996 fax: 865-1771 mobile: 351-4686
email: shocky@comcast.net

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

Leah Knox Rubino (Mrs. William)
Civic Leader
hm: 6388 Chickering Circle
Nashville, TN 37215
Began Serving 2002
Informal: Leah Spouse: Bill
hm: 309-8025
email:

Caroline Boyd Stevens (Mrs. Lemuel)
hm: 4422 Warner Place
Nashville, TN 37205
Began Serving 1992
Informal: Caroline Spouse: Lem
665-2811 email: nativenook@yahoo.com

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

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

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

Laurence O. Trabue, Jr.
Sr. V. P. Financial Advisor
Pinnacle National Bank
211 Commerce Street, Suite 300
Nashville, TN 37201
hm: 116 Pembroke Avenue
Nashville, TN 37205
Began Serving 2002
Informal: Larry
744-3777 fax: 744-3877 hm: 352-0023
email: larry.trabue@pnfp.com

David M. Wilds
First Avenue Partners L.P.
Suite 550, 30 Burton Hills Boulevard
Nashville TN 37215
hm: 824 Belle Meade Boulevard
Nashville, TN 37205
Began Serving 1993
Informal: David Spouse: Cindy
wk: 370-0056 cell: 480-9028 846-2035
email: dwilds@1stpartners.com

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 245,710			
	b	Membership dues	1b 44,899			
	c	Fundraising events	1c 173,195			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 14,800			
	g	Noncash contributions included in lines 1a-1f: \$ 66,388				
	h	Total. Add lines 1a-1f	478,604			
Program Service Revenue	2a		Busn. Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	4,547	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents				
b		Less: rental exps.				
c		Rental inc. or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory				
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 \$ 173,195 of contributions reported on line 1c). See Part IV, line 18	a 255,092			
b		Less: direct expenses	b			
c		Net income or (loss) from fundraising events	255,092			
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				
Miscellaneous Revenue			Busn. Code			
11a		ENDOWMENT FUND	3,800	3,800		
b		MISCELLANEOUS INCOME	-2	-2		
c						
d		All other revenue				
e		Total. Add lines 11a-11d	3,798			
12		Total revenue. See instructions.	742,041	3,798	0	4,547

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question 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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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	215,278	108,791	27,896	78,591
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,895	5,367	1,016	3,512
10 Payroll taxes	12,237	6,637	1,257	4,343
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	7,299		7,299	
12 Advertising and promotion	121,129	48,452		72,677
13 Office expenses	2,849	2,849		
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				
23 Insurance	40,936	13,918	13,509	13,509
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	196,435	196,435		
b NATURE CENTER	11,780	4,712	2,356	4,712
c LANDSCAPING	11,249	11,249		
d EDUCATION	9,809	9,809		
e All other expenses	2,025	1,781	122	122
25 Total functional expenses. Add lines 1 through 24e	640,921	410,000	53,455	177,466
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	439,589	1	948,766
	2 Savings and temporary cash investments	499,055	2	480,166
	3 Pledges and grants receivable, net	1,090,237	3	697,080
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,810,291		
	b Less: accumulated depreciation	10b 4,429	10,809,184	10c 10,805,862
	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	87,917	15	76,024
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,925,982	16	13,007,898	
Liabilities	17 Accounts payable and accrued expenses	20,618	17	20,028
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,808	25	
	26 Total liabilities. Add lines 17 through 25	33,426	26	20,028
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,148,405	27	11,195,279
	28 Temporarily restricted net assets	1,744,151	28	1,792,591
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,892,556	33	12,987,870	
34 Total liabilities and net assets/fund balances	12,925,982	34	13,007,898	

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	742,041
2	Total expenses (must equal Part IX, column (A), line 25)	2	640,921
3	Revenue less expenses. Subtract line 2 from line 1	3	101,120
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,892,556
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,806
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,987,870

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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		
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?		X
3b	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. ▶ See separate instructions.

OMB No. 1545-0047

2011

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 11, check only one box.)

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	404,470	2,802,675	8,336,897	1,061,476	478,604	13,084,122
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	404,470	2,802,675	8,336,897	1,061,476	478,604	13,084,122
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)						2,836,412
6 Public support. Subtract line 5 from line 4						10,247,710

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	404,470	2,802,675	8,336,897	1,061,476	478,604	13,084,122
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,357	17,121	25,819	2,128	4,547	73,972
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 IV.)						
11 Total support. Add lines 7 through 10						13,158,094
12 Gross receipts from related activities, etc. (see instructions)					12	258,890
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 2011 (line 6, column (f) divided by line 11, column (f))	14	77.88 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	70.71 %
16a 33 1/3% support test—2011. 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—2010. 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—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2011

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

FRIENDS OF THE WARNER PARKS, INC.

62-1333658

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

FRIENDS OF THE WARNER PARKS, INC.

Employer identification number

62-1333658

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANDREA WAITT CARLTON FAMILY FOUND. STEVE RASMUSSEN, EXECUTIVE DIRECTOR P.O. BOX 58389 NASHVILLE TN 37205	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MR. & MRS E. WARNER BASS 1720 CHICKERING ROAD NASHVILLE TN 37215	\$ 11,225	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THOMAS W. BEASLEY 2982 HIGHWAY 96 BURNS TN 37029	\$ 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MR. & MRS. J. WILLIAM BLEVINS 22 LYNWOOD LANE NASHVILLE TN 37205	\$ 27,103	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MARTIN S. BROWN 6231 HILLSBORO PIKE NASHVILLE TN 37215	\$ 46,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	LUCIUS E. BURCH III LUCIUS E. BURCH FAMILY FOUNDATION 301 JACKSON BOULEVARD NASHVILLE TN 37205	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

FRIENDS OF THE WARNER PARKS, INC.

Employer identification number

62-1333658

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MR. & MRS. WILLIAM H. CAMMACK 1201 CANTERBURY DRIVE NASHVILLE TN 37205	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CITY OF BELLE MEADE GRAY THORNBORG, MAYOR 4705 HARDING ROAD NASHVILLE TN 37205	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	CORRECTIONS CORPORATION OF AMERICA DAMON T. HININGER, PRESIDENT & CEO 10 BURTON HILLS BLVD. NASHVILLE TN 37215	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MR. BROWNLEE O. CURREY, JR. 1115 SNEED ROAD, RIVER CIRCLE FARM FRANKLIN TN 37069	\$ 24,610	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	E.B.S. FOUNDATION MR. & MRS. JAMES R. STADLER 314 WALNUT DRIVE NASHVILLE TN 37205	\$ 12,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	FIFTH THIRD BANK 424 CHURCH STREET, SUITE 700 FIFTH THIRD CENTER NASHVILLE TN 37219	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FRIENDS OF THE WARNER PARKS, INC.	Employer identification number 62-1333658
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	FIRST TENNESSEE BANK MR. CLYDE INGALLS 511 UNION STREET 2ND FLOOR NASHVILLE CITY CENTER NASHVILLE TN 37219	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	FRIST, THE FOUNDATION 3100 WEST END AVENUE, SUITE 1200 NASHVILLE TN 37203	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	H.G. HILL COMPANY VIA WENTWORTH CALDWELL, JR. 3011 ARMORY DRIVE, SUITE 130 NASHVILLE TN 37204	\$ 10,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	LEE, DANNER & BASS, INC. C/O FRANK M. BASS 3100 WEST END AVENUE ONE AMERICAN CENTER, SUITE 1250 NASHVILLE TN 37203	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	MRS. JACK C. MASSEY 4431 TYNE BLVD. BROOK HOUSE NASHVILLE TN 37215	\$ 33,825	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	PINNACLE FINANCIAL PARTNERS ROBERT A. MCCABE, JR./LARRY TRABUE 150 THIRD AVENUE SOUTH, SUITE 900 NASHVILLE TN 37201	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

FRIENDS OF THE WARNER PARKS, INC.

Employer identification number

62-1333658

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MR. & MRS. BEN RECHTER 540 JACKSON BLVD. NASHVILLE TN 37205	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	DR. & MRS. CHARLES E. ROOS 2507 RIDGEWOOD DRIVE NASHVILLE TN 37215	\$ 10,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	DR. & MRS. WILLIAM A. SHELL, JR. 3422 HAMPTON AVENUE NASHVILLE TN 37215	\$ 10,075	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	SUNTRUST FOUNDATION ROBERT E. MCNEILLY III P.O. BOX 305110 NASHVILLE TN 37230	\$ 21,667	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	JAMES STEPHEN TURNER FAMILY FOUNDATION, JAY TURNER, TREASURER 138 SECOND AVENUE NORTH, SUITE 200 NASHVILLE TN 37201	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	VOLUNTEER STATE HORSEMEN'S FOUNDATION P.O. BOX 129 IRQUOIS STEEPLECHASE FRANKLIN TN 37065	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

FRIENDS OF THE WARNER PARKS, INC.

Employer identification number

62-1333658

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	PEGGY S. WARNER & OVERTON T. SMITH THE HENRY LAIRD SMITH FOUNDATION 4428 SHEPPARD PLACE NASHVILLE TN 37205	\$ 25,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" to Form 990, Part IV, line 7.

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	81,830				
b Contributions					
c Net investment earnings, gains, and losses	-5,806				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	76,024				

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

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

Part VI Land, Buildings, and Equipment. 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		10,800,326		10,800,326
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		9,965	4,429	5,536
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,805,862

Part VII Investments—Other Securities. 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. 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)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	742,041
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	640,921
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	101,120
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-5,806
9	Total adjustments (net). Add lines 4 through 8	9	-5,806
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	95,314

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

1	Total revenue, gains, and other support per audited financial statements	1	736,235
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-5,806
e	Add lines 2a through 2d	2e	-5,806
3	Subtract line 2e from line 1	3	742,041
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	742,041

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

1	Total expenses and losses per audited financial statements	1	640,921
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	640,921
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	640,921

Part XIV Supplemental Information

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

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

CHANGE IN ENDOWMENT FUND \$ -5,806

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CHANGE IN ENDOWMENT FUND \$ -5,806

Part XIV Supplemental Information (continued)

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

OMB No. 1545-0047

2011

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" to 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 ten 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							
Total ▶							

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" to 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
	SUNDAY IN THE P (event type)	FULL MOON CONCE (event type)	OTHER EVENTS (total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	157,521	97,571	173,195	428,287
2 Less: Charitable contributions			173,195	173,195
3 Gross income (line 1 minus line 2)	157,521	97,571		255,092
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Combine line 3, column (d), and line 10				255,092

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

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

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

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

9a ☐ Yes ☐ No

b If "No," explain:

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

10a ☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization operate 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 operated 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. Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2011

**Open To Public
Inspection**

▶ Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

FRIENDS OF THE WARNER PARKS, INC.

Employer identification number

62-1333658

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ENGINEERING)	X	1	21,157	FAIR VALUE
26 Other ▶ (ARCHITECTURE)	X	1	30,431	FAIR VALUE
27 Other ▶ (RENT)	X	1	8,679	FAIR VALUE
28 Other ▶ (VARIOUS)	X	1	6,121	FAIR VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a X

31 X

32a X

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

OMB No. 1545-0047

2011

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FRIENDS OF THE WARNER PARKS, INC.

Employer identification number

62-1333658

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

BOARD VOTES ON ADDITIONS TO THE BOARD.

FORM 990, PART VI, LINE 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.

SCHEDULE G
(Form 990 or
990-EZ)**Fundraising Other Events****2011**

For calendar year 2011, 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> (event type)	<u>LUKE LEA SOCIET</u> (event type)	<u></u> (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	93,972	79,223		173,195
	2 Less: Charitable contributions	93,972	79,223		173,195
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

62-1333658

Federal Statements

FYE: 12/31/2011

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>
INTEREST INCOME	\$ 4,547		14			
TOTAL	<u>\$ 4,547</u>					

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	\$ 7,299	\$	\$ 7,299	\$
TOTAL	\$ 7,299	\$ 0	\$ 7,299	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL DEVELOPMENT	\$ 2,025	\$ 1,781	\$ 122	\$ 122
TOTAL	\$ 2,025	\$ 1,781	\$ 122	\$ 122

06115 Friends of the Warner Parks, Inc.
62-1333658
FYE: 12/31/2011

Federal Statements

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Schedule A, Part II, Line 1(e)

Description	Amount
ENGINEERING	\$ 21,157
ARCHITECTURE	30,431
MEMBERSHIP DUES AND ASSESSMENTS	44,899
RENT	8,679
OTHER SERVICES	6,121
ROBERT W. MEYER	
CASH CONTRIBUTION	2,460
MR. & MRS. BEN RECHTER	
CASH CONTRIBUTION	30,000
REGIONS BANK	
CASH CONTRIBUTION	5,000
DR. & MRS. CHARLES E. ROOS	
CASH CONTRIBUTION	10,200
DR. & MRS. WILLIAM A. SHELL, JR.	
CASH CONTRIBUTION	10,075
MR. & MRS. MICHAEL D. SHMERLING	
CASH CONTRIBUTION	6,700
SUNTRUST FOUNDATION	
CASH CONTRIBUTION	21,667
MR. & MRS. DONALD TAYLOR	
CASH CONTRIBUTION	6,820
JAMES STEPHEN TURNER FAMILY	
CASH CONTRIBUTION	50,000
VOLUNTEER STATE HORSEMEN'S	
CASH CONTRIBUTION	20,000
PEGGY S. WARNER & OVERTON T. SMITH	
CASH CONTRIBUTION	25,000
MR. & MRS. TOBY WILT	
CASH CONTRIBUTION	6,200
LUKE LEA SOCIETY	
CASH CONTRIBUTION	79,223
OTHER VARIOUS EVENTS	
CASH CONTRIBUTION	93,972
TOTAL	\$ 478,604

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$ 3,099,574	\$ 2,836,412
TOTAL	<u>\$ 3,099,574</u>	<u>\$ 2,836,412</u>

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Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 4,547
TOTAL	<u>\$ 4,547</u>

Schedule A, Part II, Line 12

Description	Amount
ENDOWMENT FUND	\$ 3,800
MISCELLANEOUS INCOME	-2
SUNDAY IN THE PARK	157,521
FULL MOON CONCERT	97,571
LUKE LEA SOCIETY	
OTHER VARIOUS EVENTS	
TOTAL	<u>\$ 258,890</u>



State of Tennessee
312 Rosa L. Parks Avenue, 8th Floor
Nashville, Tennessee 37243
615-741-2555 Fax: 615-253-5173

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

SUMMARY OF FINANCIAL ACTIVITIES OF A CHARITABLE ORGANIZATION

INSTRUCTIONS: Complete this form with financial information from the most recently completed accounting year. The form must be signed by two (2) authorized officers, one of whom shall be the Chief Fiscal Officer. Please see the sample Summary of Financial Activities for the corresponding lines on page 9 and 10 of the IRS Form 990.

Name of Organization: FRIENDS OF THE WARNER PARKS, INC.

Address: 50 VAUGHN ROAD City: NASHVILLE State: TN Zip Code: 37221

Federal ID: 62-1333658 State ID: 100226784 Telephone: 615-370-8051

Accounting Year End: 12/31/2011 Has your accounting year changed? Yes ☐ No ☒

A. Gross Revenue

1. Public Contributions	\$ 478,604
2. Government Grants	\$ 0
3. Program Service Revenue.....	\$ 0
4. Special Events and Activities.....	\$ 255,092
5. Gross Sales of Inventory	\$ 0
6. Other Revenue	\$ 8,345
7. Total Revenue [Add Line 1 Through Line 6]	\$ 742,041

B. Expenses

8. Total Program Expenses.....	\$ 410,000
9. Direct Expenses from Special Events.....	\$ 0
10. Cost of Goods Sold.....	\$ 0
11. Management and General Expenses	\$ 53,455
12. Fund Raising Expenses.....	\$ 177,466
13. Other Expenses	\$ 0
14. Total Expenses [add line 8 through line 13]	\$ 640,921
15. Excess / Deficit for the year [line 7 minus line 14]	\$ 101,120

C. Changes in Net Assets or Fund balances

16. Net assets / fund balances at beginning of year.....	\$ 12,892,556
17. Other changes in net assets or fund balances	\$ (5,806)
18. Net assets / fund balances [add line 15 through line 17]	\$ 12,886,750
19. Total Assets.....	\$ 13,007,898
20. Total Liabilities	\$ 20,028
21. Net assets / fund balances [line 19 minus line 20]	\$ 12,987,870

D. Accounting Method Used:

CASH: _____ ACCRUAL: X OTHER: _____

SIGNATURE

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

Signature of Authorized Officer

Signature of Authorized Officer

Print Name

Print Name

Title

Title

Date

Date