В	Check if a	heck if applicable: C Name of organization Friends of Mill Ridge Park											D Employer identification number			
	Address of	hange	Doing business as									81-46177	52			
	Name cha	ange	Number and street (or P.O.	box if mail is not	delivered to street address	6)		Room/s	uite	E	Teleph	none number				
	Initial retu	rn	12965 Old Hic	kory Blv	<i>r</i> d							(615) 933-	-8466			
	Final retu	rn/terminated	City or town, state or province	ce, country, and	ZIP or foreign postal code					G	G Gross receipts					
	Amended	return	Antioch, TN 3	37013						5	\$:	248,440			
	Applicatio	n pending	F Name and address of princi	pal officer:	Darrell Hawks				H(a) is	this a group r	return f	for subordinates?	Yes X No			
			Same as C abo	ove					H(b) A	re all subor	dinate	es included?	Yes 🗌 No			
1	Tax-exem	pt status: X	501(c)(3) 501(c) () (insert	no.) 4947(a)(1) o	or 🗌 t	527		lf	"No," attac	h a lis	t. See instructions				
J	Website:	www	.friendsofmillri	ldgepark	.org				H(c) G	roup exem	ption	number				
				ssociation	Other	L	- Year of format	ion: 20	16	M State	of leg	al domicile: TN	រ			
Pa	rt I	Summar	у У													
	1	Briefly descr	ribe the organization's mis	ssion or mos	t significant activities	To e	nhance a	nd ac	dvoca	te for	: Mi	ill Ridge	Park to			
e		strength	en the community	of Sout	heast Davidso	n Coun	ty.									
Governance																
ŝrnŝ																
Š	2	Check this b	oox 🔲 if the organization	discontinue	d its operations or dis	sposed of	more than 2	5% of it	s net as	sets.						
U M	3	Number of v	oting members of the gov	erning body	(Part VI, line 1a)					L	3		15			
ŝ	4	Number of in	ndependent voting memb	ers of the go	verning body (Part V	'I, line 1b)				· · _	4		15			
Activities &	5	Total numbe	er of individuals employed	in calendar	year 2022 (Part V, lin	ie 2a) 🛛 🔒				L	5		2			
cti	6	Total numbe	er of volunteers (estimate	if necessary)					L	6		200			
∢	7a	Total unrelate	ted business revenue from	n Part VIII, c	olumn (C), line 12					· · [;	7a		0			
	b	Net unrelate	d business taxable incom	e from Form	990-T, Part I, line 11						7b		0			
									Prior	Year		Current	Year			
Revenue	8											:	242,292			
	9	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)											0			
ver	10										20		148			
Re	11	Other revenu						6,000								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)								169,10	01	:	248,440			
	13	Grants and s	similar amounts paid (Par	t IX, column	(A), lines 1-3) • •								0			
	14	4 Benefits paid to or for members (Part IX, column (A), line 4)											0			
G	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								99,33	33		155,324			
ISe	16a	Professional fundraising fees (Part IX, column (A), line 11e)								5,7	54		0			
Expenses	b	Total fundrai	ising expenses (Part IX, c	olumn (D), li	ne 25)		23,052	_								
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)								79,240			118,551			
	18	Total expens	ses. Add lines 13-17 (mu	st equal Part	IX, column (A), line	25)				184,32	27		273,875			
	19	Revenue les	Revenue less expenses. Subtract line 18 from line 12										(25,435)			
P	202							Beg	ginning o	f Current Y	'ear	End of Y	'ear			
sets	20	Total assets	(Part X, line 16) • • •							173,83	32		131,552			
Net Assets or	21	Total liabilitie	es (Part X, line 26) ••							17,18	87		2,316			
_	_		or fund balances. Subtrac	t line 21 fror	n line 20 • • • • •					156,64	45		129,236			
	rt II		ire Block													
			clare that I have examined this re eclaration of preparer (other than						nowledge	and belief,	it is					
				,												
Sig	n		ell Hawks													
-		Signature of officer								Dat	le					
He	е		ell Hawks, Execu	tive Dir												
		Type or print nar		Deserved	· · · · · · · · · · · · · · · · · · ·		Data					DTIN				
D -:	al	Print/Type pre	eparer's name	Preparer's s	Ignature		Date		C	heck	if	PTIN				
Pai		John Mu		John Mu	llins		05-15-20	1		elf-employe	ed	P014293	07			
	parer		Mullins						Firm's Ell							
Use Only Firm's address 7625 Wisconsin Avenue									Phone no							
				la MD 208						20		770-6371	<u> </u>			
			return with the preparer									· · · X Yes				
For	Paperv	vork Reducti	ion Act Notice, see the s	separate ins	tructions.							Form	n 990 (2022)			
EEA																

Return of Organization Exempt From Income Tax

Form **990**

Α в

Department of the Treasury Internal Revenue Service

For the 2022 calendar year, or tax year beginning

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

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

, 2022, and ending

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

OMB No. 1545-0047

2022

Open to Public

Inspection

, 20

Form	n 990 (2022) Friends of Mill Ridge Park 8	1-4617752	Page 2
	Int III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	To enhance and advocate for Mill Ridge Park to strengthen the community of Sout	theast Day	vidson
	County.		
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	x No
	If "Yes," describe these new services on Schedule O.	· [] Tes	X NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
J	services?	. 🗌 Yes	V 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 l	ν	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	-	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$167,889 including grants of \$) (Revenue \$)
	Programs offer healthy access to green space and outdoor recreation and educat	ion at Mil	ll Ridge
	Park for people living, working, and learning in Southeast Davidson County.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 167,889		

Form 990 (2	2022
Part IV	(

2) Friends of Mill Ridge Park Checklist of Required Schedules

81-4617752	Page 3

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III •••••••••••••••••••••••••••••••••	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
		11a		х
b	5 1 , , ,			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	5	44.4		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			х
IZd	Schedule D, Parts XI and XII	12a		v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		х
0	"Yes," and if the organization included in consolidated, independent addited infancial statements for the tax year? If	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		~
N	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			~
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		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	18		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	19		x
20 a		20a		x
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23		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 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			1
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 · · · · · · · · · · · · · · · · · ·	36		х
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	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

81-4617752

Page 4

Form 990 (2022)

Friends of Mill Ridge Park

Form	990 (2022) Friends of Mill Ridge Park 81-46177	52	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
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" to line 3b, provide an explanation on 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,			<u> </u>
τu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		v
h	If "Yes," enter the name of the foreign country	-τα		x
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Fa		Ea		
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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	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).			
а	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
5	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12а ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
b 12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.		
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 on Schedule O	14b		├
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

	m 990 (2022) Friends of Mill Ridge Park 81-46177		P	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
13	describe on Schedule O how this was done	12c 13	x	v
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	14		x
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	The Organization (615)933-8466, 12965 Old Hickory Blvd, Antioch, TN 37013			

Form 990 (2022	2) Friends of Mill Ridge Park	81-4617752	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hi	ghest Compensated Employee	es, and						
	Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII .		🗌						
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year end	ing with or within the							
organization's t	ax year.								
 List all of t 	he organization's current officers, directors, trustees (whether individuals or organizations).	regardless of amount of							

s, 5, () 5), 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

	lated organiza		mpe	1130	icu a	any cu	non	t officer, director, o	i liusice.	
				((C)					
(A)	(B)		Position					(D)	(E)	(F)
Name and title	Average	`	(do not check more than one box, unless person is both an officer and a director/trustee)					Reportable	Reportable	Estimated amount
	hours							compensation	compensation	of other
	per week							from the	from related organizations (W-2/	compensation from the
	(list any hours for	or In	Ins	р	Ке	Hiç en	Fo	organization (W-2/ 1099-MISC/	1099-MISC/	organization and
	related	direc	stituti	Officer	y en	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	'ee				
	below	uste	trus		/ee	nper				
	dotted line)	e	tee			Highest compensated employee				
						ä				
(1) Darrell Hawks	40.00									
Executive Dir.				х				95,370	0	6,300
(2) Brandi Smith	<u>1.00</u>									
Director		х						0	0	0
(3) Bishoy Mikhail	1.00									
Director		х						0	0	0
(4) Amanda Brown	<u>1.0</u> 0									
Director		х						0	0	0
(5) Joe White	<u>1.00</u>									
Director		х						0	0	0
(6) Reggie Smith	1.00									
Director		х						0	0	0
(7) Matthew Ryan	1.00									
Director		х						0	0	0
(8) Ben Freeland	1.00									
Co-founder/Director		х						0	0	0
(9) Angela Goddard	1.00									
Co-founder/Director		х						0	0	0
(10)Jacobia Dowell	<u> </u>									
Co-founder/Director		х						0	0	0
(11)Jackie Jones	<u>1.00</u>									
Director		х						0	0	0
(12)Mark_Beveridge	1.00									
Director		x						0	0	0
(13)Kevin Hudson	<u>1.00</u>									
Chairperson		x		х				0	0	0
(14)Susan_Rice	1.00									
Secretary		х		х				0	0	0
FFA										Form 990 (2022)

Form 990 (2022) Friends of	Mill Ridge Par	k	_						81	L-4617	752	P	9age 8
Part VII Section A. Officers, Direc	ctors, Trustees,	Key	Em	plo	yee	es, ar	nd	Highest Comp	ensated	I Emp	loyees	(cont	inued)
(A) Name and title	(B) Average hours per week	box	, unles	Po: eck m ss per	rson i	han one s both a r/trustee	n	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/		сог	(F) nated am of other mpensat rom the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	sc/	orga	nization d organiz	
(15)Wesley Trigg President	1.00	x		x				0		0			0
(16)Marshall_Kelley	1.00												
Treasurer		x		х				0		0			0
<u>(17)</u>													
(18)													
(19)													
(20)													
(22)													
<u>(23)</u>													
<u>(24)</u>													
(25)													
1b Subtotal			•••										
c Total from continuation sheets to Par	•		•••	• •	• •		•						
d Total (add lines 1b and 1c)								95,370	of	0		6,3	300
2 Total number of individuals (including bu reportable compensation from the organ		isteu a	DOVE	=) wi		eceived		ore man \$100,000	U				0
3 Did the organization list any former offic	or director trustee k	ovom	alovo		r hic	abost c	omr	popertod				Yes	No
employee on line 1a? If "Yes," complete		• •									3		x
4 For any individual listed on line 1a, is the													
organization and related organizations g							dule	J for such					
individual							••.		• • • • • •		4		x
5 Did any person listed on line 1a receive for services rendered to the organization							-				5		x
Section B. Independent Contractors				101 0	aon	<i>perce</i>							л
1 Complete this table for your five highest	compensated indepe												
compensation from the organization. Re	port compensation for A)	r the ca	alend	iar y	ear	enaing	g wit	in or within the orga (B)	anization's	ax year.	(C)		
Name and bus								Description of service	es		Compens	ation	
2 Total number of independent contractors received more than \$100,000 of comper				e lis	ted	above) wh	10					

Form 99		,		of Mill H	Ridg	e Park			81-46177	52 Page 9
Part V	VIII	Statement of Rev		-	_					
		Check if Schedule O co	ontair	ns a response	e or n	ote to any line in thi		(B)	(C)	<u> </u> (D)
							(A) Total revenue	(ם) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .	• •		1a					
ts s	b	Membership dues	• •	L	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events			1c					
Amo G	d	Related organizations .			1d					
ilar İlar	e	Government grants (cont		-	1e	17,187				
Sim's	f	All other contributions, gif	-		4.5	005 105				
buti		and similar amounts not i Noncash contributions inc		-	1f	225,105				
d Of	g	lines 1a-1f			1g	\$				
အ ပိ	h	Total. Add lines 1a-1f					242,292			
						Business Code	212/232			
Ð	2a									
N N N	b									
Sei	с									
gram Serv Revenue	d									
Program Service Revenue	е									
Γ.		All other program service r								
		Total. Add lines 2a-2f .								
	3	Investment income (includ other similar amounts)					140			140
	4	Income from investment of					148			148
	5	Royalties		•	•					
		,		(i) Real		(ii) Personal				
	6a	Gross rents	6a	6,0	000					
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c	6,0	000					
	d	Net rental income or (loss)			• •		6,000	6,000		
	7a	Gross amount from		(i) Securities	S	(ii) Other				
		sales of assets								
	L .	other than inventory Less: cost or other basis	7a							
e		and sales expenses	76							
enu	c l	Gain or (loss)								
Other Revenue		Net gain or (loss)								
ler I		Gross income from fundra								
đ		events (not including \$	-							
		of contributions reported o	n line	9						
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b					
		Net income or (loss) from		aising events	·					
	9a	Gross income from gaming activities, See Part IV, line	-		0					
	h	Less: direct expenses			9a 9b					
		Net income or (loss) from			L					
		Gross sales of inventory, le	-		<u> </u>					
		returns and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from								
						Business Code				
e e	11a									
anu Snu	b									
Miscellanous Revenue	C L	All other recent								
Mis		All other revenue				L				
		Total. Add lines 11a-11d Total revenue. See instru-					248,440	6,000	0	148
			JUUI				240,440	0,000		140

Form 990 (2022) Friends of Mill Ridge Park Part IX Statement of Functional Expenses

Page '	10
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	3) and 501(c)(4) organizations must complete all coll theck if Schedule O contains a response or note to a				
	amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	d other assistance to domestic organizations		cxpenses	general expenses	expenses
	estic governments. See Part IV, line 21				
	d other assistance to domestic				
	s. See Part IV, line 22				
	id other assistance to foreign				
	ions, foreign governments, and				
-	dividuals. See Part IV, lines 15 and 16				
-	paid to or for members				
	ation of current officers, directors,				
	and key employees	95,730	67,011	23,933	4,78
	ation not included above to disqualified		,		-,
	as defined under section 4958(f)(1)) and				
	lescribed in section 4958(c)(3)(B)				
	aries and wages	37,909	26,536	9,477	1,89
	blan accruals and contributions (include			- / - · ·	_,
•	01(k) and 403(b) employer contributions)				
	ployee benefits	11,550	8,085	2,887	57
	xes	10,135	7,094	2,534	50
	services (nonemployees):		.,		
	nent				
-					
-	ıq	4,783		4,783	
		17705			
, ,	nal fundraising services. See Part IV, line 17 .				
	nt management fees				
	line 11g amount exceeds 10% of line 25, column				
-	nt, list line 11g expenses on Schedule O.)	35,377		25,579	9,79
	g and promotion	5,253		5,145	10
	penses	21,430	15,001	5,358	1,07
	on technology	3,036	2,125	759	15
		3,030	2/120	,,,,,	10.
	cy				
		730		730	
	of travel or entertainment expenses	,50		,50	
,	deral, state, or local public officials				
	ces, conventions, and meetings	44,745	39,940	1,000	3,80
					5,000
	s to affiliates				
2	ion, depletion, and amortization				
•	·····	2,996	2,097	749	15
	enses. Itemize expenses not covered	2,330	2,031	115	10
	st miscellaneous expenses on line 24e. If				
,	mount exceeds 10% of line 25, column				
	int, list line 24e expenses on Schedule O.)				
a Other		201			20
b		201			20
с					
d					
e All other e					
	ctional expenses. Add lines 1 through 24e	070 075	167.000	00.004	00.05
	ts. Complete this line only if the	273,875	167,889	82,934	23,05
organizat	ion reported in column (B) joint costs				
from a co	mbined educational campaign and				
fundraisin	g solicitation. Check here 🔲 if				

Form 990 (2022) Friends of Mill Ridge Parl
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Form	990 (20	22) Friends of Mill Ridge Park	83	1-461	7752 Page 11
Par	: X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	173,832	1	131,552
	2	Savings and temporary cash investments	-,	2	- ,
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
Assets		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		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			
	b	Less: accumulated depreciation		10c	
	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			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	173,832	16	131,552
	17	Accounts payable and accrued expenses	173,032	17	2,316
Liabilities	18	Grants payable		18	2,510
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	17,187	24	
	25	Other liabilities (including federal income tax, payables to related third	17,107		
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	17,187	26	2,316
	20	Organizations that follow FASB ASC 958, check here	17,107		2,510
S		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	155,145	27	129,236
ala	28	Net assets with donor restrictions	1,500	28	129,230
ЧB		Organizations that do not follow FASB ASC 958, check here	1,500		
un <u>-</u>		and complete lines 29 through 33.			
orF	29	Capital stock or trust principal, or current funds		29	
its (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
ťΑ	32	Total net assets or fund balances	156,645	32	129,236
Ne	33	Total liabilities and net assets/fund balances	173,832		131,552
		· · · · · · · · · · · · · · · · · · ·	1,0,002		

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Form **990** (2022)

Form	990 (2022) Friends of Mill Ridge Park	81-461775	2	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		248,	440
2	Total expenses (must equal Part IX, column (A), line 25)	2		273,	875
3	Revenue less expenses. Subtract line 2 from line 1	3		(25,	435)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		156,	645
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(1,	974)
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		129,	236
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			F	- 000 /	$\langle 0 0 0 0 \rangle$

Form 990 (2022)

SCHEDULE	A
(Form 990)	

Department of the Treasury

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.

t.	2022				
	Open to Public				
	Inspection				
tification number					

OMB No. 1545-0047

Interna	Re	venue Service	Go to	www.irs.gov/Fori	n990 for instructions a	nd the late	est inform	ation.	Inspection	
Name	of ti	ne organization						Employer identification	n number	
Frie	nd		Ridge Park					81-461775		
Part	: 1	Reason	for Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p	part.) See instruct	ions.	
The or	gai	nization is not a	private foundation b	ecause it is: (For lir	nes 1 through 12, check	only one b	ox.)			
1	Ц	A church, con	vention of churches,	or association of ch	urches described in sect	tion 170(b)(1)(A)(i).			
2	Ц	A school desc	ribed in section 170((b)(1)(A)(ii). (Attach	Schedule E (Form 990).	.)				
3	Ц	A hospital or a	cooperative hospita	l service organizatio	on described in section 1	70(b)(1)(A	A)(iii).			
4	Ш	A medical rese	earch organization op	perated in conjunction	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the		
	_	•	e, city, and state:							
5	Ш	e	· · · · · · · · · · · · · · · · · · ·	Ũ	r university owned or ope	erated by a	governme	ental unit described in		
)(1)(A)(iv). (Complet	,						
6			-	-	unit described in section					
7	X	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public								
•			ection 170(b)(1)(A)(,					
8	Н	-			i). (Complete Part II.)					
9	Ш	-	-		tion 170(b)(1)(A)(ix) ope (see instructions). Enter		•	-	Je	
		university:	r a non-iand-grant co	nege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the conege of		
10	П	· -	n that normally recei	ves: (1) more than	33 1/3% of its support fro	m contribu	itions mer	mbershin fees and are	200	
10		receipts from a	activities related to its	s exempt functions,	subject to certain except	tions; and	(2) no more	e than 33 1/3% of its		
					business taxable income section 509(a)(2). (Com) from businesses		
11	Π	. ,	0		test for public safety. Se	•	,			
12	П	-	•	•	or the benefit of, to perfor			to carry out the purpo	oses of	
	_	0	e 1	,	d in section 509(a)(1) or			,		
					pe of supporting organiza					
а		Type I. A	supporting organizati	on operated, super	vised, or controlled by its	supported	l organizat	ion(s), typically by givi	ng	
		the suppo	rted organization(s) t	he power to regular	rly appoint or elect a maj	ority of the	directors of	or trustees of the	-	
		supporting	organization. You n	nust complete Par	t IV, Sections A and B.					
b		Type II. A	supporting organizat	tion supervised or c	ontrolled in connection w	rith its supp	ported orga	anization(s), by having		
		control or	management of the s	supporting organiza	ition vested in the same	persons th	at control o	or manage the support	ed	
		organizati	on(s). You must con	nplete Part IV, Sec	tions A and C.					
С		Type III fu	inctionally integrate	ed. A supporting org	anization operated in co	nnection w	vith, and fu	nctionally integrated wi	ith,	
		its support	ted organization(s) (s	see instructions). Yo	ou must complete Part	IV, Sectior	ns A, D, ar	nd E.		
d		Type III n	on-functionally inte	grated. A supportin	g organization operated	in connect	ion with its	supported organizatio	n(s)	
		that is not	functionally integrate	ed. The organizatior	n generally must satisfy a	distributio	on requirem	nent and an attentiven	ess	
			· , ,	-	te Part IV, Sections A a					
е					en determination from the			I, Type II, Type III		
	_			•	integrated supporting or	ganization	•			
f			er of supported organ		•••••				••••	
g			wing information abo		o ()			[1	
	(i) N	ame of supported o	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	rganization ır governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
					above (see instructions))	docum		instructions)	instructions)	
						Yes	No			
						162	NO			
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

	e A (Form 990) 2022 Friends of	Mill Ridge	Park			81-461775	2 Page 2
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	160,225	237,257	150,304	169,081	242,292	959,159
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	160,225	237,257	150,304	169,081	242,292	959,159
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)						388,870
6	Public support. Subtract line 5 from line 4 .						570,289
Secti	on B. Total Support		•			•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	160,225	237,257	150,304	169,081	242,292	959,159
8	Gross income from interest, dividends,				,	, -	
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources					148	148
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						959,307
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the o	rganization's fi	rst, second, th	ird, fourth, or fi	fth tax year as	a section 501(c)(3)
	organization, check this box and stop he						<u></u>
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line		•			14	59.45 %
15	Public support percentage from 2021 Sch					15	100.00 %
16a	33 1/3% support test - 2022. If the organ						_
	box and stop here . The organization qua	•		•			_
b	33 1/3% support test - 2021. If the organ						
47.	this box and stop here . The organization	•		•			_
17a	10%-facts-and-circumstances test - 20	-					
	10% or more, and if the organization meet						
	Part VI how the organization meets the fa			-	-		_
	organization						
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organization					•	-
	in Part VI how the organization meets the			-			
40	organization						_
18	Private foundation. If the organization di						_
	instructions	<u></u>					<u>••••</u>

	(Form 990) 2022
Part III	Support

Friends of Mill Ridge ParkSupport Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	irst, second, thi	ird, fourth, or f	ifth tax year as	a section 501	(c)(3)
	organization, check this box and stop her	e					<u></u>
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2022 (line 8	. ,	•	13, column (f)))	15	%
16	Public support percentage from 2021 Sch		•			16	%
	on D. Computation of Investment In					- i - i	
17	Investment income percentage for 2022 (I		.,	•	.,,	17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the orga						_
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2021. If the organization						· _
	line 18 is not more than 33 1/3%, check this box	-	-	•	• • • •	-	· · · · · · □
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, o	check this box a	and see instru	ctions 🗌

No

Yes

1

2

3a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
0	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	_		
	on or type in cupper and enganizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	o inci	tructi	000
a	The organization satisfied the Activities Test. Complete line 2 below.	- 1113		5113).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	nel		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test Answer lives 2s and 2t holes).	ns).	Vee	Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	Schedul		orm 00	0) 2022
EEA	Scriedul	u ~ (⊓(o, 2022

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81-4617752

 Schedule A (Form 990) 2022
 Friends of Mill Ridge Park

 Part IV
 Supporting Organizations (continued)

Part				
1 [Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ		ons must complete Sec	
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally in	tegrated Type III suppo	orting organization

EEA

Schedule A (Form 990) 2022

Schedul	<pre>e A (Form 990) 2022 Friends of Mill Ridge Par V Type III Non-Functionally Integrated 509(a)(3)</pre>		81-46 izations (continued	
	on D - Distributions	<u>, erbbernið erðm</u>		Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity	······································	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ		
4	Amounts paid to acquire exempt-use assets	11 5	4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Par		
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is res		
Ū	(provide details in Part VI). See instructions.	r the organization to roo	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii)
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - <i>explain in Part VI</i>). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			
EEA				Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Friends of Mill Ridge Park

Employer identification number 81-4617752

01. Form 990 governing body review (Part VI, line 11)

Third party accountant reviews the 990 with Executive Director and Executive Director then

submits draft 990 for review and approval. After approval by the full Board, the 990 is

filed.

02. Conflict of interest policy compliance (Part VI, line 12c)

On an annual basis, Board members and Executive Director sign conflict of interest policy

statements and any potential conflicts are monitored during the year at board meetings.

03. CEO, executive director, top management comp (Part VI, line 15a)

The Organization has a board selection committee that reviews salary ranges of comparable

positions for organizations in the same area. The committee considers both experience and

education of these positions held.

04. Governing documents, etc, available to public (Part VI, line 19)

Governing documents, policies and financial statements are available upon request and on a

third party website, givingmatters.guidestar.org.

05. List of other fees for services expenses (Part IX, line 11g)

Other \$35,377