## WA UC:11 U1/05/20/80 C1 10/0

990

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2009 Open to Public Inspection

<u>A</u>	For the 20	309 calendar yea	, or tax year beginning , and	ending		_			
В	Check if applic		Name of organization			D Empl	oyer identification number		
	Address chan	rge use IRS label or							
$\overline{\Box}$	Name change		Doing Business As		T 62·	62-1333658			
Ξ	-	type.	Number and street (or P.O. box if mail is not delivered to street address		hone number				
Ш	initial return	See	Room/suite		5-370-8051				
	Termination	Specific	50 VAUGHN ROAD City or town, state or country, and ZIP + 4			G Gross rec			
$\bar{\Box}$	Amended retu	instruc- um tions.	•	7221		G GGS (E	eps; 0,403,031		
H		2 33	and address of principal officer:	7.4.4		H/c) /c min			
Ш	Application pe	ending   Name	nu avoress or principal chazer.				a group return for tes? Yes X No		
		l				H(b) Are a	laffiates		
		i				includ			
_		<u> </u>	. 3. 4.	<del></del>	<del></del>	- If "No	," attach a list. (see instructions)		
<u></u>	Tax-exemp		501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or	527		4			
<u>J</u>	Website:		RIENDSOFWARNERPARKS.COM		<del></del>	H(c) Grou	exemption number		
7.7	7174, 244	nization: X Corp			L Year of formation:		M State of legal domicite: TN		
<u>الب</u>	art I	Summar					, , , , , , , , , , , , , , , , , , ,		
		•	organization's mission or most significant activities:	• •••••			******************		
æ		FRIENDS O	WARNER PARK PROVIDES VOLUNTEE	R SERVICE TO	O THE NASHVII	LE BOA	RD OF		
900	!	PARKS AND	RECREATION IN ORDER TO PRESERV	E, PROTECT,	AND IMPROVE,	THE			
Activities & Governance	E	HISTORIC	ND NATURAL QUALITY OF THE PARK	s.		•••••			
Š	2 Ch	eck this box 🕨	if the organization discontinued its operations or	disposed of more tha	an 25% of its net asse	s.	•••••••		
<u>ن</u>			nembers of the governing body (Part VI, line 1a)				40		
88	4 Nu	mber of indepe	dent voting members of the governing body (Part VI,	line 1b)		4	40		
뤃	5 Tot	tal number of e	ployees (Part V, line 2a)			•	5		
듄							1495		
⋖			ed business revenue from Part VIII, column (C), line 1		••••••				
	h Not	t unrelated hus	less taxable income from Form 990-T, line 34	••••••	• • • • • • • • • • • • • • • • • • • •	7b	0		
	0 110	t diadated bus	idas taxable illustra irotti Futti 950-1, ilite 34	· · · · · · · · · · · · · · · · · · ·	Prior Y	ear	Current Year		
_	8 Co	ntributions and	rants (Part VIII, line 1h)			3,963			
Revenue	9 Pro	ogram service r	venue (Part VIII, line 2g)	• • • • • • • • • • • • • • • • • • • •		8,711	48,729		
8	10 Invi	estment incom	(Part VIII, column (A), lines 3, 4, and 7d)			2,428			
ž	11 Oth	ner revenue (P:	t VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	• • • • • • • • • • • • • • • • • • • •		7,557			
			d lines 8 through 11 (must equal Part VIII, column (A)			2,659			
_			amounts paid (Part IX, column (A), lines 1-3)			,2,000	3,316,801		
	14 Bor	anto anu sinuai nafite naid ta ai	ins mambam (Part IX, column (A), lines 1-3)	• • • • • • • • • • • • • • • • • • • •			3,310,801		
			for members (Part IX, column (A), line 4)			4,345	215 071		
368	15 Sai	ianes, other col	pensation, employee benefits (Part IX, column (A), ili	nes 5-10)		4,343	215,971		
Expenses	16a Pro	oressional fundi	epensation, employee benefits (Part IX, column (A), linising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25)						
꿃	b lot	tal fundraising e	openses (Part IX, column (D), line 25)	104,649		4 205	201 544		
	117 Qu	iei expenses (i	artix, column (A), lines i la-110, i ti-241)			4,305			
			d lines 13-17 (must equal Part IX, column (A), line 2	5)		8,650			
	19 Re	venue less exp	nses. Subtract line 18 from line 12			<u>54,009</u>			
25					Beginning of C		End of Year		
Net Assets or	∠U lot	tal assets (Part	* **********************************			3,439	14,383,119		
<b>1</b> 2 2 2	21 10	tal liabilities (Pa	* *****************************			29,408			
			balances. Subtract line 21 from line 20		8,0	74,031	12,709,346		
	art II	Signatur			<del></del>				
		Under penalti	s of perjury, I declare that I have examined this return, includi true, correct, and complete. Declaration of preparer (other th	ing accompanying sche	edules and statements, an	d to the best	of my knowledge		
		Line ocaza, ir	- 2 **	an oncer) is cased on a	an intermation of which pr	eparer nas ar	ly knowledge.		
Siç	3n	<b>           </b>	- 1001			8	10.2010		
He	re	Signatur		resident.		Date	)		
		<u> </u>	Direc	ters					
		Type or	int name and title						
_		Preparer's	<u> </u>	D	ale Chec	k if	Preparer's identifying number		
Pa		signature	1 ( a voloces	l o	8/09/10 self-	yed ▶ [	(see instructions) P00542646		
	eparer's		FOX KOLB & ASSOCTA		_, _,, Griph	EIN	06 0000060		
Us	e Only	Firm's name ( if self-employ	yours F144 TTTDGTTTT TTT	TE 470					
		address, and		7-4452		Phone	► 615-690-6550		
Ma:	the IPS -		n with the preparer shown above? (see instructions)	, 3334		no.			
_			ork Reduction Act Notice, see the separate instru	utione			Yes No		
DAA	· · · · · · · ·	rerain Lahan	on induction actinotics, see the separate instru	CHUIIS.			Form 990 (2009)		

Pa	rt III Statement of Program Service Accomplishments
1 F	Briefly describe the organization's mission: RIENDS OF WARNER PARK PROVIDES VOLUNTEER SERVICE TO THE NASHVILLE BOARD OF ARKS AND RECREATION IN ORDER TO PRESERVE, PROTECT, AND IMPROVE, THE
	ISTORIC 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?
	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 X No If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code: ) (Expenses \$ 3,622,361 including grants of \$ ) (Revenue \$ )
	ROJECTS HELPED TO PRESERVE AND PROTECT THE NATURAL BEAUTY
_	F THE PARKS. ALSO, THE PROGRAMS SUPPORTED EDUCATION
	ROGRAMS FOR THE PUBLIC AT THE NATURE CENTER, AS WELL
A	S PROVIDING FOR PARK RANGERS AND NATURALISTS.
	ONSERVATION EDUCATION WAS TAUGHT, AS WELL AS PROVIDING
	PPORTUNITIES FOR MANY PEOPLE FOR HANDS ON EDUCATION AND
U	UTDOOR RECREATION.
	*
	***************************************
	***************************************
	***************************************
41-	/Codes \/Communication
40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	•••••••••••••••••••••••••••••••••••••••
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	*
	***************************************
	***************************************
	•
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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	***************************************
	••••••
41	Other program services. (Describe in Schedule O.)
-ru	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 3,622,361

<u> </u>	IT: IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	Ť		
·	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
		6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۱ů		<del> </del>
7		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
_	complete Schedule D, Part III	8		<u> </u>
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	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parls VI,		:	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, fine 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	ĺ		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	1		
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	i		
	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X.	i		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
_	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	l		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
*-	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ļ	x
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	<del>                                     </del>	<del>                                     </del>
15		4.5		x
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	-	<b>├</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	م ا		-
4	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	$\vdash$	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	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?	1		
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X

	art IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Red IV. column (A) line 12 if "Yes," complete Schodule I. Parts I and II.	21	x	
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants and other assistance to individuals in the	······   <del>'</del>		
22		22		x
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
!3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	l		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			x
	employees? If "Yes," complete Schedule J	23	-	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ŀ	1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		1	₹.
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	<del> </del>	X
ь	• • • • • • • • • • • • • • • • • • • •	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1	]
	to defease any tax-exempt bonds?	24c		<u> </u>
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	ļ		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u></u>	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			Ì
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
6	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	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
•	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	İ		
		27	1	x
	If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
8				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	208	+	<del>  ^</del>
Þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b	1	x
	Schedule L, Part IV		1	1
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			1
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			۱.,
	Part IV	28c	+	X
:9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<u>29</u>		<u>X</u>
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l
	conservation contributions? If "Yes," complete Schedule M	<u>30</u>	↓	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	Í
	Part I	31	<u> </u>	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	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ļ
	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, Parts II,		1	
	III, IV, and V, line 1	34		X
15	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			П
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	······	1	Τ
,,,	• • • • • • • • • • • • • • • • • • • •	36		x
7	organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	······  - <del>**</del>	1	† <u> </u>
37				1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37	1	x
	Part VI		+	<del>  -^</del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			x
	19? Note. All Form 990 filers are required to complete Schedule O.	38		0 ເລຍ   <u>•</u> ຍ

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					r
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	10			i.
	U.S. Information Returns. Enter -0- if not applicable			-		
ь	*** ***********************************		U	-		
C						-
	gaming (gambling) winnings to prize winners?	11	······································	1c		X
2a		mation Returns. Enter-0- if not applicable unriber of Forms W-2G included in line 1a. Enter-0- if not applicable unriber of Forms W-2G included in line 1a. Enter-0- if not applicable payments to vendors and reportable ambiling) with backup with backup withbolding rules for reportable payments to vendors and reportable ambiling) withings to prize winners?  number of employees reported on Form W-3, Transmittal of Wage and Tax s. Rifed for the catendar year ending with or within the year covered by this return  ne is reported on line 2a, did the organization file all required federal employment tax returns?  e is um of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see e.g.)  ganization have unrelated business gross income of \$1,000 or more during the year covered by?  2 as it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O e during the calendar year, did the organization have an interest in, or a signature or other authority ancial account in a foreign country; but the name of the foreign country; but the structure of the foreign country; but the structure of the foreign country; but the name of the foreign country; but the organization that it was or is a party to a prohibited tax shelter transaction?  If the ganization approper country is a party to a prohibited tax shelter transaction?  If the country is a party to a prohibited tax shelter transaction and party to a prohibited tax shelter transaction?  If the country is a party to a prohibited tax developed the party is a p				
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4a	-	-				
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		K		1		
5a				5a	•	x
b				5b		X
C			• • • • • • • • • • • • • • • • • • • •	30		
·				5c	l	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		• • • • • • • • • • • • • • • • • • • •	"		$\vdash$
•				6a	ŀ	x
ь			• • • • • • • • • • • • • • • • • • • •			
_				6ь		
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 goo	ds				
				7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. <b>.</b>		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	<b></b>		7c	<u> </u>	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_ _		1
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal		1		1
	benefit contract?		• • • • • • • • • • • • • • • • • • • •	7e		X
f				7f		X
9				7g		ـــــ
h	•					
		<b></b>	••••	7h		<del> </del>
8	•				ļ	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1		
_	• • • • • • • • • • • • • • • • • • • •			8		<del> </del>
9	· · · · · · · · · · · · · · · · · · ·				i	
a				9a	_	<del>                                     </del>
b		• • • • •		9Ь	_	┼
10	Section 501(c)(7) organizations. Enter:	مدا	l		l	
a			<u> </u>	$\dashv$		
11		LIUD	L	-	1	]
11	· · · · · <del>-</del>	44-	}		1	
a b	***************************************	113		-	l	
IJ		116				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		Ī	12a	]	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l · · · · · · · · · · · · · · · · · · ·	120	$\vdash$	<del>                                     </del>
<del></del>	in the street are amount of the eventh and extraorised or advised on this tip test 1	20				

nce. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and

1	GOVERNANCE, management, and biodisearch is the second of t
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes
	Schedule O. See instructions.

	Schedule O. See instructions.			
Sect	ion A. Governing Body and Management	ı	1	
		<del> </del>	Yes	No
1a	Enter the number of voting members of the governing body			
b	Fater the number of votino members that are independent	1 1		ı
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, driector, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X_
5	Does the organization have members or stockholders?	6_		X
6	Does the organization have members, stockholders, or other persons who may elect one or more members			
7a		7a	X	
_	of the governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or state percentage of the programment of the organization contemporaneously document the meetings held or written actions undertaken during			
8				
	the year by the following:	8a	X	
а	The governing body?	8b	X	$\overline{}$
b	Each committee with authority to act on behalf of the governing body?	-	<del></del>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	9		x
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1 3		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)		T V	T No
		40.	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	-	┼
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		1	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	<del> </del>	X
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1	1	-
	form?	11	┾	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>	<del> </del>	┼
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<del>↓</del>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	X	↓
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	1
•	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		X
	Does the organization have a written document retention and destruction policy?	14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by		1	[
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	1	1
_	The organization's CEO, Executive Director, or top management official	15a		1_
a		15b	X	$T^{T}$
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		1	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a		16a	1	X
	with a taxable entity during the year?			
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1	1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	165	.	1
	the organization's exempt status with respect to such arrangements?	1 102	<u>'</u>	لي
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed TN			. <b></b> .
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: BECKY FYKE 4205 HILLSBORG ROAD		<u> </u>	32E.
N	PASHVITTE TN 37215 61	<u>.5−3</u>	<u> 70-</u>	8051

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Form 990 (2009)

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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 the organization (A) Name and Title	(B) Average	Pos	ition (	(C chec	i) call l	hal ap	ply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Farmer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ELEANOR L. WILLIS	45.00	x		x				75,509	0	0
• • • • • • • • • • • • • • • • • • • •										
• • • • • • • • • • • • • • • • • • • •										
						T				
					T					

Form 990 (2009) FRIENDS OF WARNER PARKS, INC. Part VII Section A Office.

Page 8

62-1333658

0 Form **990** (2009) 운 (C) Compersation Yes Estimated amount of other compensation from the organization and related organizations m Reportable compensation from related organizations (W-2/1099-MISC) Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Œ Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (B) Description of services Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 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 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 Total number of independent contractors (including but not limited to those listed above) who received 75,509 Individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person (D)
Reportable compensation from the be organization (W-2/1099-MISC) all that apply) Former Highest compensated employee Key employee (C) Position (check al more than \$100,000 in compensation from the organization **>** Officer Institutional trustee Individual trustee or director reportable compensation from the organization 🕨 (A) Name and business address Average hours per week ê Section B. Independent Contractors Name and Title € 1b Total lá 8 S ~ m

×

×

×

Form	can	(2009) FRIENDS OF WARNER PARKS,	INC.	62-1333658		Page 9
Par	i VI	Statement of Revenue				(0)
_1 ,40:	2.2		(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	b c d	Federated campaigns 1a 7,826,980  Membership dues 1b 48,729  Fundraising events 1c 420,845  Related organizations 1d   Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above 1f 40,343				
and and		Noncash contributions included in fines 1a-1t \$  Total, Add lines 1a-1f,	8,336,897			
<del></del>	<u>n</u>	Busn. Code				
Program Service Revenue	2a	PARKS SUPPORT	48,729	48,729		
8	b		<del></del>			
Service	c d					
툂	8			<del></del>		
हि		All other program service revenue	40.720			
<u>=</u>	g	Total. Add lines 2a-2f	48,729	<u> </u>		
	3	Investment income (including dividends, interest, and other similar amounts)	24,386	-1,433		25,819
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties			_	
		(i) Real (ii) Personal				
	6a	Gross Rents				
	ь	Less: rental exps.	1			
	c	Rental inc. or (loss)	_			
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other			ļ	
	İ	sales of assets other than inventory				
	Ь	Less: cost or other				
	ļ	basis & saies exps.	_			
		Gain or (loss)	<u> </u>			
	ا ا	Net gain or (loss)		<del></del>		
_	8a	Gross income from fundraising events				
Other Revenue	1	(not including \$				
<u>8</u>	1	of contributions reported on line 1c).				
Š		See Part IV, line 18 a	_			
훒	t	Less: direct expenses b	_	1	1	
0	١,	Net income or (loss) from fundraising events		<del></del>		
	9:	a Gross income from gaming activities.		}		
	l	See Part IV, line 19 a	<b>-</b>	i		
		Less: direct expenses b				
	(	Net income or (loss) from gaming activities				
	10	a Gross sales of inventory, less				
		returns and allowances a	_			
		b Less: cost of goods soldb	_			
		Net income or (loss) from sales of inventory			-	
	L	Miscellaneous Revenue Busn. Coc		A 50 61	,	
	. 11	* *************************************	52,51			
		b COMMUNITY FUND ENDOWMENT GAIN	8,10			
		C ENDOWMENT FUND	-80	-800	<u> </u>	
		d All other revenue				
		e Total. Add lines 11a-11d			0	25,819
_	12	Total Revenue. See instructions	8,469,83	141 - 101,111.	·	Form 990 (2009

#### Form 990 (2009) 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).

	All other organizations must co				(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	3,316,801	3,316,801		
	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)	196,620	90,371	82,517	23,732
7	Other salaries and wages	130,020	30,0.2		
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	8,088	3,810	966	3,312
9	Other employee benefits	11,263	5,306	1,345	4,612
10	Payroil taxes	11,203	3,300	2,323	-,
11	Fees for services (non-employees):				
a	Management				
ь	Legal	9,100		9,100	
C	Accounting	9,100		9,100	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				<del></del>
f	Investment management fees	0 140	9,149		
g	Other	9,149	43,083		64,624
12	Advertising and promotion	107,707	3,204	3,203	3,203
13	Office expenses	9,610	3,204	3,203	3,203
14	Information technology				
15	Royalties	A 515		2,715	
16	Occupancy	2,715			
17	Travel	1,102		1,102	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest	39,773	39,773		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	11,500	3,834	3,833	3,833
	Other eveness teaming averages				
24	Other expenses, Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below.)	58,135	58,135		
a	RESTRICTED EXPENSES		19,037		
b	HILL TRACT CAMPAIGN	19,037 6,928	6,928		
C	EDUCATION		6,062		
ď	PRINTING/POSTAGE	6,062			
8	LANDSCAPING	5,848	5,848 11,020	2,725	1,333
f	All other expenses	15,078		107,506	104,649
25		3,834,516	3,622,361	TO 1, 200	104,049
26					
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs	ļ			
	from a combined educational campaign and		1		
	fundraising solicitation				Form <b>990</b> (2009)
DAA					Form 990 (2009)

	(2009) FRIENDS OF WARNER PARKS	s, IN	02-	-1333028	-	Page II
art X	Balance Sheet		<del></del>	(A)		(B)
				(A) Beginning of year		End of year
·				456,763	1	161,886
1	Cash—non-interest bearing			1,136,615		1,690,954
2	Savings and temporary cash investments	961,422		1,646,993		
3	Pledges and grants receivable, net		1	301,422	4	2/020/00.
4	Accounts receivable, net					
5	Receivables from current and former officers, directors, tru					
1	employees, and highest compensated employees. Comple	ete Part I	lof	• '	_	
	Schedule L				5	
6	Receivables from other disqualified persons (as defined u	nder sec	ion			
1	4958(f)(1)) and persons described in section 4958(c)(3)(B	i). Compi	ete			
	Part II of Schedule L				- 6	
7	Notes and loans receivable, net		<i>.</i>		7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges	.,	,.,.	<del></del>	9	
10a	Land, buildings, and equipment: cost or	1	40 000 200		•	
	other basis. Complete Part VI of Schedule D	10a	10,800,326	4,821,801	40-	10,800,32
b	Less: accumulated depreciation	106				10,600,32
11	Investments—publicly traded securities			659,808		
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11		<u> </u>	13		
14	Intangible assets			67.030	14	82,96
15	Other assets. See Part IV, line 11			67,030		14,383,11
16	Total assets. Add lines 1 through 15 (must equal line 34			8,103,439		16,96
17	Accounts payable and accrued expenses			29,408		10,50
18	Grants payable	. <b></b>			18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities	. <b></b>			20	
21	Escrow or custodial account liability. Complete Part IV of	Schedule	Đ		21	
21 22	Payables to current and former officers, directors, trustee					
	employees, highest compensated employees, and disqui	elified			۱	
i	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 pa				24	1,656,80
25	Other liabilities. Complete Part X of Schedule D			20.400	25	1,673,77
26				29,408	26	1,013,11
B	Organizations that follow SFAS 117, check here ▶	X and			ľ	
	complete lines 27 through 29, and lines 33 and 34.			4 004 006		10 047 66
27	Unrestricted net assets			4,984,926		10,947,66
27 28 29 29 30 31 32 33 34		3,089,105	1	1,101,00		
2 29	Permanently restricted net assets Organizations that do not follow SFAS 117, check he		4		29	
2		re 🕨 📙	J			
5	and complete lines 30 through 34.					
3 30					30	
31	Paid-in or capital surplus, or land, building, or equipment				31	<del> </del>
ĝ   32	Retained earnings, endowment, accumulated income, or	r other fu	nds	0.004.00	32	10 700 34
33	Total net assets or fund balances			8,074,03		
ž   34				8,103,43	34	14,383,11

Form	990 (2009) FRIENDS OF WARNER PARKS, INC. 62-1333658		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	l		-
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь		2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			·
	Schedule O.			1
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		· 75.	
	issued on a consolidated basis, separate basis, or both:	. · · · ·	1	
	X Separate basis Consolidated basis Both consolidated and separate basis		1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1	:	ł
	the Single Audit Act and OMB Circular A-133?	3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	<u> </u>	
		For	- 99n	(2000

SCHEDULE A (Form 990 or 990-EZ)

# **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.

2009

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization

FRIENDS OF WARNER PARKS, INC.

Employer identification number 62-1333658

			EKIENDS OF HA	(41)		nuct oc-	nnlete t	hic no	rt ) Sp	e instr	uction	S.		
Pa	ırt I	Reasor	for Public Charity St	atus (All or	ganizations r	nust coi	ibiere i	uus pa	11.700	C IIIOu	dotto			
The	organ	ization is not a p	rivate foundation because it	ls: (For lines 1	through 11, check	conty one	DOX.)	en						
1		A church, conve	ntion of churches, or associa	ition of churche	es described in se	ection 1/0	ι(Α)(Γ)(α)	(1)-						
2		A school describ	oed in section 170(b)(1)(A)(	II), (Attach Sch	edule E.)									
3		A hospital or a	coperative hospital service of	rganization de	scribed in section	n 170(b)(1	)(A)(B).	04. 14.14	orm E	niae tha	hoenital	'e name		
4		A medical resea	arch organization operated in	conjunction wi	th a hospital desc	aibed in se	ection 1/	υ(Β)(Τ)(Α	<b>()(III).</b> ⊏I	ilei nie	Iuspikai	S Hanre,		
		city, and state:									<i></i>			• • • • •
5	П	An organization	operated for the benefit of a	college or univ	rersity owned or o	perated by	a govern	nmentai i	ınıt desc	arbea in	l			
	_	section 170(b)	(1)(A)(iv). (Complete Part II.)	)										
6	$\Box$	A federal, state	or local government or gove	emmental unit o	lescribed in secti	lon 170(b)	(1)(A)(v).		_		•			
7	X	An organization	that normally receives a sub	stantial part of	its support from a	a governm	ental unit	or from t	ne gene	rai pubi	IC			
		described in se	ction 170(b)(1)(A)(vi). (Com	plete Part II.)										
8		A community to	ust described in section 170	(b)(1)(A)(vi). (	Complete Part II.)	)								
9	П	An amenization	that normally receives: (1) r	nore than 33 1/	3 % of its support	t from cont	ributions,	member	ship fee	s, and g	ross			
		receints from a	ctivities related to its exempt	functionssul	oject to certain ex	ceptions, a	ind (2) no	more un	an 33 11	3 % 01 1	IS .			
		support from gr	ross investment income and i	unrelated busin	ess taxable incor	ne (less se	ction 511	tax) from	n busine	SSOS				
		acquired by the	organization after June 30,	1975. See sec	tion 509(a)(2). (C	cmplete P	art III.)							
10		An omanization	nonanized and operated ex	dusively to test	for public safety.	See secti	on 509(a)	)(4).						
11	П	An omanization	omanized and operated exc	dusively for the	benefit of, to per	form the fi	inctions o	f, or to c	arry out	the				
		numoses of on	e or more publicly supported	organizations	described in secti	on 509(a)(	1) or sect	pene non	a)(2). St	e secu	on			
		509(a)(3). Che	ck the box that describes the	type of suppor	ting organization	and compl	ete lines	ine unici	ugn IIn	•				
		a Type I	b Type II	c   T	ype III-Functional	lly integrate	ed	d [	Type	III–Oth	er			
e		By checking th	is box, I certify that the organ	ization is not o	ontrolled directly o	or indirectly	by one o	or more o	lisqualifi 	ed · · · · · · · ·				
	_	persons other	than foundation managers ar	nd other than o	ne or more public	ly supporte	ed organia	zations d	escribed	l in sect	ION			
		509/aV1) or se	ction 509(a)(2).											
f		If the organiza	tion received a written determ	nination from th	e IRS that it is a	Type I, Typ	e II, or Ty	ype III su	pporting	)				
		organization, o	heck this box									<b></b>	<b></b>	⊔
g		Since August	17, 2006, has the organizatio	n accepted an	y gift or contribution	on from an	y of the							
		following pers	ons?										[ <del>V</del> -	
		(i) A person	who directly or indirectly con	trols, either alo	ne or together wil	th persons	described	in (ii)					Ye	s No
		and (iii) b	elow, the governing body of t	the supported o	rganization?							119	$\neg$	
		(ii) A family i	nember of a person describe	d in (i) above?								pig	$\neg$	
		(iii) A 35% ∝	entrolled entity of a person de	scribed in (i) o	r (ii) above?			. <i>.</i>				11g	(11)]	
		Provide the fo	ollowing information about the	supported or	anization(s).									
	i) Na	ne of supported	(II) EIN	(iii) Type	of organization	(iv) is the o	-	(v) Did y		(vi) organizat	s the		Amount upport	10
		rganization			d on lines 1-9 r IRC section	1 "	sted in your 1 document?	. I ~~ IN A SWAR		(i) organi	zed in the	•		
				1	tructions))	30.0		sribi	ort?		5.?			
				<u> </u>		Yes	No	Yes	No	Yes	No			
_						<b>\</b>	1							
				<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<b></b>			
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_						1			1		'			
_			1	1			}	i	۱ _	1	<u> </u>			

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009 FRIENDS OF WARNER PARKS, INC.

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

S = 41	(Complete only if you ched					T T	
ectic	on A. Public Support  dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Calen	dar year (or riscal year beginning in)	(4) 2000				1	
1 G	ifts, grants, contributions, and			ļ		1	
T a	nembership fees received. (Do not include ny "unusual grants.")						
2 6	cross receints from admissions, merchandise					1	
e.	old or services performed, or lactities						
fi	urnished in any activity that is related to the organization's tax-exempt purpose						
		-					
3 (	Gross receipts from activities that are not an inrelated trade or business under section 513						
t	Fax revenues levied for the organization's penefit and either paid to or expended on is behalf						
- 1	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						<b> </b>
_					1		1
	Amounts included on lines 1, 2, and 3 received from disqualified persons				<del> </del>		
	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						ł
	amount on line 13 for the year						
	Add lines 7a and 7b		<u> </u>	ļ			<del> </del>
8	Public support (Subtract line 7c from						
-	tine 6.)			<u> </u>			1
Sect	ion B. Total Support					1 () 0000	(f) Total
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(1) 10tai
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					1	
	loss from the sale of capital assets						
e =	(Explain in Part IV.)		<del> </del>	+			1
13	Total support. (Add lines 9, 10c, 11,			1		- [	
	and 12.) First five years. If the Form 990 is for the		L gamenet think for	eth or fifth toy was	ras a section 501/	(c)(3)	
14	First five years. If the Form 990 is for the	organization's tirs	t, secona, mira, iou	rui, or mui tax yea	1 43 4 56 66011 00 11	(ONO)	<b>&gt;</b>
_	organization, check this box and stop her	·nnod Boroo	·····	• • • • • • • • • • • • • • • • • • • •		.,	
-	tion C. Computation of Public S	phou Leicei	tage	. (0)		15	5 1
15	Public support percentage for 2009 (line 8	, column (1) divide	o by line 13, colum		• • • • • • • • • • • • • • • • • • • •		
16	Public support percentage from 2008 Scherical D. Computation of Investment	nt Income De	rcentare	.,. <u>,,,,</u>	<u> </u>		
	Investment income percentage for 2009 (	ine 10e estumo (	divided by line 13	column (f))		17	7
17	Investment income percentage for 2009 (Investment income percentage from 2008)						3
18	133 1/3 % support tests—2009. If the organization	ns's did not o	hack the haven fin		more than 33 1/3	%, and line	
19a	33 1/3 % support tests—2009. If the org- 17 is not more than 33 1/3 %, check this t	anizauon did not c	The organization	oualifies as a mubli	idy supported ara	anization	<b>•</b>
	17 is not more than 33 1/3 %, check this to 33 1/3 % support tests—2008. If the org	on and stop nere	heck a hor on line	14 or line 19a. and	l line 16 is more th	an 33 1/3 %, and	
ь	שני פון ניכ בער איז support tests—2000. II uie org	STREETHON ON THE C	2 504 011 1110			!!!	
_	line 18 is not more than 33 1/3 %, check t	hie hay and etan i	here. The omaniza	tion qualifies as a :	publiciy supported	organization	

06115 08/09/201	10 11:00 AM			TNC	62-1333658	Page 4
Schedule A (F	orm 990 or 990-EZ) 200 Supplemental In	9 FRIENDS	OF WARNER PAR	ride the explanations	required by Part II, line 10; nformation. See instructions	·
	Part II, IIIle Tra	Of Tro, and to		11, 02.00		
PART I	I, LINE 10	- OTHER INC	OME DETAIL			
			\$	544,995		
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					Schedule A (Form 996	0 or 990-F71 200
					SCHERING W ft Still se.	, —, —-

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization		62-13	33658
FRIENDS OF WARNER PARKS, INC.	ni ii Firada ar	Accounts	Complete if
	ds or Other Similar Funds or	Accounts.	Complete ii
Part I Organizations Maintaining Donor Advised 1 the organization answered "Yes" to Form 990, P		(b) F	unds and other accounts
the organization and	(a) Donor advised funds	(0) 1	dies and other control
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	he assets held in donor advised		
Aggregate value at end of year     Did the organization inform all donors and donor advisors in writing that the funds are the organization's property, subject to the organization's exclusive and donor advisors in writing that the organization is exclusive.	ive legal control?		Yes   No
used only for charitable purposes and not for the benefit of the dollor of	dollor devices, see .		Yes No
purpose conferring impermissible private benefit?		orm 990. P	art IV, line 7.
Conservation Fasements, Complete if the old	attización attottoto	0 0	
- ( ) I	all that apply).	. important land	area
Preservation of land for public use (e.g., recreation or pleasure)		/ important land	
Protection of natural habitat	Preservation of certified histo	ne structure	
Preservation of open space  Complete lines 2a through 2d if the organization held a qualified consen	vation contribution in the form of a cons	ervation	
easement on the tast day of the tax year.		F	Held at the End of the Tax Year
easement on the tast day of the tast form		<u> </u>	Heid at the End of the Lax Year
a Total number of conservation easements			
a Total number of conservation easements		2b	
b Total acreage restricted by conservation easements	ided in (a)	2c	
b Total acreage restricted by this available described historic structure incl.  c Number of conservation easements on a certified historic structure incl.	ne	2d	ļ
d Number of conservation easements included in (c) acquired after 8/17/	linguished or terminated by the organiz	zation during	
d Number of conservation easements included in (c) acquired after 6 777.  Number of conservation easements modified, transferred, released, ex	unguished, or terrimotor by and o		
the tayable year			
Number of states where property subject to conservation easement is	ocated P		
			Yes No
violations, and enforcement of the conservation easterness transfer for the co	cing conservation easements during the	: year	
•			
7 Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the yea	ır	
<b>.</b> .			
- United and the Color of the C	the requirements of section		☐ Yes ☐ No
			U Tes U 110
	nents in its reveite and expense amore		
9 In Part XIV, describe now the organization reports conservations balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that	at describes	
the organization's accounting for conservation easements.			
	t. Historical Treasures, or Ot	her Similar	Assets.
Part III Organizations Maintaining Collections of A	O		
Operators if the emenization answered "Yes"	to Form 990, Part IV, line o.		
Complete if the amenization answered 153	[0 1 0] III 500, 1 c	sheet works of	
Complete if the organization answered Tes	t in its revenue statement and balance	sheet works of e of public serv	ice,
12 If the organization elected, as permitted under SFAS 116, not to report the organization elected, as permitted under SFAS 116, not to report the organization elected, as permitted under SFAS 116, not to report the organization elected, as permitted under SFAS 116, not to report the organization elected, as permitted under SFAS 116, not to report the organization elected, as permitted under SFAS 116, not to report the organization elected, as permitted under SFAS 116, not to report the organization elected, as permitted under SFAS 116, not to report the organization elected, as permitted under SFAS 116, not to report the organization elected, as permitted under SFAS 116, not to report the organization elected, as permitted under SFAS 116, not to report the organization elected, as permitted under SFAS 116, not to report the organization elected, as permitted under SFAS 116, not to report the organization elected and the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected as permitted under SFAS 116, not to report the organization elected a	rt in its revenue statement and balance on, education, or research in furtherance	sheet works of e of public serv	ice,
1a If the organization elected, as permitted under SFAS 116, not to report art, historical treasures, or other similar assets held for public exhibitions.	rt in its revenue statement and balance on, education, or research in furtherance that describes these items.	•	
Ta If the organization elected, as permitted under SFAS 116, not to report art, historical treasures, or other similar assets held for public exhibition provide, in Part XIV, the text of the footnote to its financial statements	rt in its revenue statement and balance on, education, or research in furtherance that describes these items. its revenue statement and balance she	eet works of art	
Ta If the organization elected, as permitted under SFAS 116, not to report art, historical treasures, or other similar assets held for public exhibition provide, in Part XIV, the text of the footnote to its financial statements	rt in its revenue statement and balance on, education, or research in furtherance that describes these items. its revenue statement and balance she	eet works of art	
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1a If the organization elected, as permitted under SFAS 116, not to report and historical treasures, or other similar assets held for public exhibition provide, in Part XIV, the text of the footnote to its financial statements but the organization elected, as permitted under SFAS 116, to report in historical treasures, or other similar assets held for public exhibition, or 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	rt in its revenue statement and balance on, education, or research in furtherance that describes these items.  its revenue statement and balance she aducation, or research in furtherance of or other similar assets for financial gain these items:	eet works of art public service,	<pre>\$ \$</pre>

dule D (Form	nvestments—Ottler Securition	000	(b) Book value	Į.	c) Method of valuation:
lif All	(a) Description of security or category	Ì	(D) BOOK ASIDE	Cost	or end-of-year market value
	(including name of security)				
ncial derivati	ves				
ely-held equ	ity interests				
or				l	
		-		<del>                                     </del>	
		L		<b></b> _	
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al. (Column	(b) must equal Form 990, Part X, col. (8) line 12.)	000	Port Y line 13		
art VIII	Investments—Program Related. Dec 1	orm 990,	Part X, into 10.	1	(c) Method of valuation:
Seit And	(a) Description of investment type	1	(b) Book value	) co	st or end-of-year market value
	(-) · · · ·			<del></del>	
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otal. (Colum	in (b) must equal Form 990, Part X, col. (B) line 13.)	<b>)</b>			
otal. (Colum Part IX	on (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, I	ine 15.			(b) Book value
otal. (Colum Part IX	Other Assets. See Form 990, Part A, P				(b) Book value
otal. (Colum Part IX	Other Assets. See Form 990, Part A, P	ine 15.			(b) Book value
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otal. (Colum Part IX	Other Assets. See Form 990, Part A, 1	ine 15.			(b) Book value
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otal. (Colum Part IX	Other Assets. See Form 990, Part A, 1	ine 15.			(b) Book value
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otal. (Colum Part IX	Other Assets. See Form 990, Part A, 1	ine 15.			(b) Book value
otal. (Colum Part IX	Other Assets. See Form 990, Part A, 1	ine 15.			
Part IX	Other Assets. See Form 990, Part X, E	ine 15.			(b) Book value
Part IX	Other Assets. See Form 990, Part X, col. (B) line 15.)	ine 15. scription	5.		
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part	ine 15. scription	5. (b) Amount		
Total. (Column Part X 1.	mn (b) must equal form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part (a) Description of tiability	ine 15. scription	5. (b) Amount		
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title D (Form 990) 2009 FRIENDS OF WARNER PARKS, INC. 62-13.  KXI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	atements	- 460 001
Reconciliation of Change III Net Assess No. 1.	1   -	8,469,831
Total revenue (Form 990, Part VIII, column (A), line 12)	2	3,834,516
Total expenses (Form 990, Part IX, column (A), line 25)	3	4,635,315
Excess or (deficit) for the year. Subtract line 2 from line 1	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	
Investment expenses	7	
Prior period adjustments	8	
Other (Describe in Part XIV.)	9	
Total adjustments (net). Add lines 4 through 8	10	4,635,315
Excess or (deficit) for the year per audited financial statements. Compine inter 5 and 5	er Return	
art XII Reconciliation of Revenue per Audited Financial Statements With Auto-	1	8,469,831
Total revenue, gains, and other support per audited financial statements		
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
Net unrealized gains on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIV.)		
Add lines 2a through 2d		8,469,831
Subtract line 2e from line 1	·····   3	
Amounts included an Form 990, Part VIII, line 12, but not on line 1:	1 .	
Investment expenses not included on Form 990, Part VIII, line 7b	<del> </del>	
Other (Describe in Part XIV.)	4-	
Add lines 4a and 4b		8,469,831
		0,100,002
art XIII Reconciliation of Expenses per Audited Financial Statements with Expenses	per Keturii	3,834,516
Total expenses and losses per audited financial statements	······   <del>1- </del> -	3,004,020
Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
2a	1 1	
a Donated services and use of facilities		
a Donated services and use of facilities  2b  2b		
b Prior year adjustments  C Other tosses		
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.)		
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) 2d 2d	2e	3 834 516
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) 2d 2d		3,834,516
a Donated services and use of racilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3,834,516
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 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		3,834,516
a Donated services and use of racilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 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	3	3,834,516
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 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 b Other (Describe in Part XIV.) c Add lines 4a and 4b	3	
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 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 b Other (Describe in Part XIV.) c Add lines 4a and 4b	3	3,834,516
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) a Add lines 2a through 2d Subtract line 2e from line 1 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 b Other (Describe in Part XIV.) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3 4c 5	
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 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 b Other (Describe in Part XIV.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information	3 4c 5	
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 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 b Other (Describe in Part XIV.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information	3 4c 5	
a Donated services and use of racilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d s Subtract line 2e from line 1 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 b Other (Describe in Part XIV.) c Add lines 4a and 4b s Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Implete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines d 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	3 4c 5	
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 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 b Other (Describe in Part XIV.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information	3 4c 5	
a Donated services and use of racilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d s Subtract line 2e from line 1 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 b Other (Describe in Part XIV.) c Add lines 4a and 4b s Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Implete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines d 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	3 4c 5	
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a Donated services and use of racilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d s Subtract line 2e from line 1 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 b Other (Describe in Part XIV.) c Add lines 4a and 4b s Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Implete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines d 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	3 4c 5	
	Net unrealized gains (losses) on investments  Donated services and use of facilities Investment expenses  Prior period adjustments  Other (Describe in Part XIV.)  Total adjustments (net). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  Excess or (deficit) for the year per audited financial statements. With Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments  Donated services and use of facilities  Recoveries of prior year grants  Cither (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total revenue, Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.)  art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial statements	Net unrealized gains (losses) on investments  Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV.)  Total adjustments (net). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  Excess or (deficit) for the year per audited financial statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2a from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Total expenses and losses per audited financial statements  1

06115 08/09/2010		FRIENDS		DNIFP	PARKS.	INC.	62-	1333658			Page 5
Schedule D (Fo	m 990) 2009	FRIEND	ion (contin	ued)							
Part XIV	Supplemer	ital informat	ton (contin	idea			 				
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SCHEDULE G (Form 990 or 990-EZ)

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, tine 6a.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number 62-1333658 Name of the organization FRIENDS OF WARNER PARKS, INC.

FRIENDS OF WARNER I	ARKS, INC	<u>.                                    </u>		ad"Ves" to Form	990. Part IV. line	17.
Fundraising Activities. Complete if	the organization					
Indicate whether the organization raised funds through an	y of the tollowing a	CUVIUES	CIRC	k all that apply.		
	e Solicitation	of non-	goven	nment grants		
<del></del>	f Solicitation	of gove	mme	nt grants		
b Internet and email solicitations						
c Prione solicidations	g [ Special run					
d In-person solicitations						
Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in					draiser is	Yes No
b If "Yes," list the ten highest paid individuals or entities (fur to be compensated at least \$5,000 by the organization.	ndraisers) pursuan					(vi) Amount paid to
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custo contr	have dy or	(Iv) Gross receipts from activity	(v) Amount paid to (or relained by) fundraiser listed in	(or retained by) organization
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Total		<u> </u>	<u></u>	stiffed it is grow	ont from	
Total  List all states in which the organization is registered or registration or licensing.	licensed to solicit (	funds or	has t	een noulled it is exem	ре пол	
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thed		G (Form 990 or 990-EZ) 20 Fundraising Ev	ents. Complete if the organiz	RNER PARKS, INC	Form 990, Part IV, lir	ne 18, or rep	orted	
Pa	rt II	more than \$15,	ents. Complete if the organiz 000 on Form 990-EZ, line 6a (a) Event #1	(b) Event #2	(c) Other events  NONE (total number)	(d) Total (add col. (a	events	
١		į T	(event type)	(event type)	(internation)	4	20,8	45
Revenue	1	Gross receipts	420,845			4	20,8	45
_	2	contributions	420,845					
	3	Gross revenue (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes			1			
283	6	Rent/facility costs						
Direct Expenses	7	Food and beverages			+			
Direct	1	8 Entertainment	-					
	,	9 Other direct expenses				<b>•</b>		
			And then 4 through 9 in column (d)			<b>•</b>		
	- 1	<ul> <li>Direct expense summary.</li> </ul>	ry. Add lines 4 through 9 in column (d) Combine line 3, column (d), and line 10		O Part IV. line 19, or	reported mo	ге	
	1	1 Net income summary.	Combine line 3, column (d), and line 10 molete if the organization ans	wered "Yes" to Form 99	00, Part IV, line 19, or	reported mo	re gaming (A	Add
_	Par	1 Net income summary.	Combine line 3, column (d), and line 10 mplete if the organization ans on Form 990-EZ, line 6a.	Wered "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	reported mo	re I gaming (/ hrough co	
	Par	11 Net income summary. ( rt III Gaming. Cor than \$15,000	Combine line 3, column (d), and line to make the organization ans on Form 990-EZ, line 6a.	wered "Yes" to Form 99	0, Part IV, line 19, or	reported mo	gaming (	
-	Pai	1 Net income summary. ( rt III Gaming. Con than \$15,000	Combine line 3, column (d), and line to mplete if the organization ans on Form 990-EZ, line 6a.	wered "Yes" to Form 99	0, Part IV, line 19, or	reported mo	gaming (	
-	Pai	1 Net income summary. ( rt III Gaming. Con than \$15,000  1 Gross revenue  2 Cash prizes	Combine line 3, column (d), and line to mplete if the organization ans on Form 990-EZ, line 6a.	wered "Yes" to Form 99	0, Part IV, line 19, or	reported mo	gaming (	
-	Pai	1 Net income summary. (crt III Gaming. Conthan \$15,000)  1 Gross revenue  2 Cash prizes  3 Noncash prizes	Combine line 3, column (d), and line to applete if the organization ans on Form 990-EZ, line 6a.  (a) Bingo	wered "Yes" to Form 99	0, Part IV, line 19, or	reported mo	gaming (	
-	Par	1 Net income summary. (crt III Gaming. Conthan \$15,000)  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs	combine line 3, column (d), and line to applete if the organization ans on Form 990-EZ, line 6a.  (a) Bingo	wered "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total col. (a) t	gaming (	
-	Pai	1 Net income summary. (crt III Gaming. Conthan \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	combine line 3, column (d), and line to mplete if the organization ans on Form 990-EZ, line 6a.  (a) Bingo	wered "Yes" to Form 99	(c) Other gaming	(d) Total col. (a) t	gaming (	
-	Pai	1 Net income summary. (crt III Gaming. Conthan \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor	Combine line 3, column (d), and tine to mplete if the organization ans on Form 990-EZ, line 6a.  (a) Bingo	(b) Pull tabe/instant bingo/progressive bingo	% Yes	(d) Total col. (a) t	gaming (	
-	Pai	1 Net income summary. (crt III Gaming. Conthan \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. (crt in prize in prize)	combine line 3, column (d), and line to mplete if the organization ans on Form 990-EZ, line 6a.  (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo  Yes No	% Yes	(d) Total col. (a) t	gaming (	
-	Pai	1 Net income summary. (crt III Gaming. Conthan \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. (crt III)  8 Net gaming income s	Yes	(b) Pull tabe/instant bingo/progressive bingo  Yes No  di line 7	% Yes	(d) Total col. (a) t	gaming (	I. (c))
-	Pliect Expenses	1 Net income summary. (crt III Gaming. Conthan \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. (crt III)  8 Net gaming income summary. (crt III)  1 Is the organization licenses if "No," Explain:	Combine line 3, column (d), and time to mplete if the organization ans on Form 990-EZ, line 6a.  (a) Bingo  Yes % No  No  nary. Add lines 2 through 5 in column (d) are the organization operates gaming activities in each ed to operate gaming activities in each	(b) Pull tabs/instant bingo/progressive bingo  Yes No  d)  d line 7  tivities:	% Yes No	reported mo  (d) Total col. (a) t	gaming (	I. (c))
9100000	Placed Expenses Revenue 9 a b	1 Net income summary. (crt III Gaming. Conthan \$15,000)  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. (crt in the state(s) in which is the organization licenses if "No," Explain:  a Were any of the organization if "Yes," Explain:	Yes	(b) Pull tabe/instant bingo/progressive bingo  Yes No  d)  tivities: of these states?	% Yes No	reported mo  (d) Total col. (a) t	gaming (	I. (c))
	Placed Expenses Revenue 9 a b	1 Net income summary. (crt III Gaming. Conthan \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. (crt in the state(s) in which is the organization licenses if "No," Explain:  Were any of the organization if "Yes," Explain:	Yes %  No  No  Add lines 2 through 5 in column (a) arith the organization operates gaming activities in each	(b) Pull tabe/instant bingo/progressive bingo  Yes No  di line 7  tivities: of these states?	% Yes No	reported mo (d) Total col. (a) t	gaming (	I. (c))

formed to administer charitable gaming?

5 08/09/2010 11:00 AM	62-1333658	<u> </u>	age :
edule G (Form 990 or 990-EZ) 2009 FRIENDS OF WARNER PARKS, INC.		Yes	No
dule G (Faith 350 d. 555	1	1	1
Indicate the percentage of gaming activity operated in:	3a %	- [	1
	13b %	<b>\</b>	}
The organization's facility  An outside facility  An outside facility  An outside facility  An outside facility		1	1
An outside facility  Provide the name and address of the person who prepares the organization's gaming/special events books		1	1
and records:	Į.	l	l
		1	
Name ▶			
Address >			
Actress	Ţ	1	
the organization receives gaming			1
Does the organization have a contract with a third party from whom the organization receives gaming revenue? \$\\ \frac{1}{2} \sqrt{1} \sq		15a	╌
revenue?  b If "Yes," enter the amount of gaming revenue received by the organization \$	and the	l	
	į	1	-
amount of carning revenue retained by the unit party	ļ		-
c if "Yes," enter name and address of the third party:		l	ļ
Name ▶ Address ▶			
6 Gaming manager information:			
Name ▶			
Gaming manager compensation ▶ \$			
Description of services provided ▶			
Director/officer Employee Independent contractor			
Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to		17a	
		\ <del>''</del> "	
		1	
in the organization's own exempt activities during the tax year ▶ \$	Schedule G (Form 9	90 or 991	

& REC Open to Public Inspection o OMB No. 1545-0047 Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 2009 X LAND FOR PARKS Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Employer Identification number (g) Description of non-cash assistance 62-1333658 LAND Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees ' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States 3,316,801 FMV Grants and Other Assistance to Organizations, (d) Amount of cash grant (e) Amount of non-cash assistance ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) IRC section GOV INC 62-0694743 General Information on Grants and Assistance (b) EIN OF WARNER PARKS, TN 37201 (a) Name and address of organization METRO PARKS AND RECREATION FRIENDS or government CENTENNIAL PARK OFFICE Department of the Treasury Internal Revenue Service 06115 08/09/2010 11:00 AM Name of the organization SCHEDULE NASHVILLE (Form 990) Part II Part

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

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

Schedule I (Form 990) 2009

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U6115 08/09/2010 11:00 AM

Schedule I (Form 990) 2009 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the Information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant Schedule I (Form 990) 2009 FRIENDS OF WARNER PARKS, (b) Number of recipients (a) Type of grant or assistance Part IV

## **SCHEDULE 0**

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF WARNER PARKS, INC.

Employer identification number 62–1333658

LILLUIDO OL MARCILLI CICLIO CONTO	
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS	
BOARD VOTES ON ADDITIONS TO THE BOARD.	<b></b> .
	••••
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990	· · · · ·
NO REVIEW WAS OR WILL BE CONDUCTED.	. <b></b> .
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL	
EVALUATED ANNUALLY.	
EVALUATED AMORBIT.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS	
EVALUATED ANNUALLY.	<b></b> .
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	· • • • • •
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	
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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ON REQUEST.	