Proce Parter of Organization Exempt From Income Tax 2018 Comments Texas Texas > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teased security numbers on this form as it may be made public. > 0 to even teases form form form form form form form form					Short	Form			OM	B No. 1545-1150
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Current Sector Open to Public Inspection Constructions and the latest information. A for the 2016 calendary user, or taxe year beginning an ending an ending Constructions and the latest information. Demologenetication number Demologenetication number A transport of organization Demologenetication number Constructions of Mill I Ridge Park Bit -6617752 And colspan="2">Marce change Friend cols Mill Ridge Park Bit -6617752 Antioch, Th 37013 Product Colspan="2">Product Colspan="2">Colspan="2" Colspan="2" <th co<="" th=""><td colspan="7">990-EZ Return of Organization Exempt From Income Tax</td><td></td><td></td></th>	<td colspan="7">990-EZ Return of Organization Exempt From Income Tax</td> <td></td> <td></td>	990-EZ Return of Organization Exempt From Income Tax								
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21 Net assets or fund balances at end of year. Combine lines 18 through 20	t As		end-of-year figure	e reported on prior year's re	eturn)			19		10,000.
	Ne		0		· ·	,			_	
		21				gh 20		🕨 21		59,216.

For Paperwork Reduction Act Notice, see the separate instructions. $\ensuremath{\mathsf{UYA}}$

Form	990-EZ (2018) Friends of Mill Ridge			81-	461	<u>.7752</u> F	Page 2
Pa	rt II Balance Sheets (see the instructions for	,					
	Check if the organization used Schedu	le O to respond to	any question in	this Part II			
				(A) Beginning of year		(B) End of yea	ar
22	Cash, savings, and investments			10,000.	22	54,8	800.
23	Land and buildings				23		0.
24	Other assets (describe in Schedule O)			0.	24		0.
25	Total assets			-	25	54,8	
26	Total liabilities (describe in Schedule O).			0.	26		85.
27	Net assets or fund balances (line 27 of column (B) mu					54,2	
_	rt III Statement of Program Service Accor					01/2	
I U	Check if the organization used Schedul	•		,		Expenses	
	is the organization's primary exempt purpose? Educat				(Red	uired for secti	ion
	cribe the organization's primary exempt purpose. <u>Enducation</u>					c)(3) and 501(nizations; option	
	leasured by expenses. In a clear and concise mann				other		
	•		vices provided, th			- /	
	ons benefited, and other relevant information for ea	•	• • •			1	
28	Programs offer healthy access to o						
	and education at Mill Ridge Par						
	learning in Southeast Davidson Cou						
	(Grants \$) If this amount inc	ludes foreign grants, ch	neck here		28a		
29							
	(Grants \$) If this amount inc	ludes foreign grants, ch	neck here		29a		
30							
	(Grants \$) If this amount inc	ludes foreign grants, ch	neck here		30a		
31	Other program services (describe in Schedule O)			·			
		ludes foreign grants, ch	eck here		31a		
32	Total program service expenses (add lines 28a through				32		
	rt IV List of Officers, Directors, Trustees, and					ructions for I	Part IV/
T GI	Check if the organization used Schedul						
		·	(c) Reportable	(d) Health benefits,			
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ	'ee (e)	Estimated amo	ount of
		devoted to position	(Forms W-2/1099-MIS) (if not paid, enter -0-			ther compensation	ation
Bor	n Freeland		(
Cha		01.00					
		01.00					
	ah Hashinger	01.00					
	nber	01.00					
	incilmember Jacobia Dowell	01.00					
	nber	01.00					
	gela Goddard						
	nber	01.00					
	san Rice						
	cretary	01.00		_			
	ckie Jones						
Mer	nber	01.00					
Kat	rina Howchin-Tucker						
Mer	nber	01.00					
Cri	istina O Allen						
Mer	nber	01.00					
Kev	/in Hudson						
	esident	01.00					
	lmen Mayi						
	nber	01.00					
	sley Trigg		<u> </u>				
	nber	01.00					
	cshall Kelley	01.00			_		
		01 00					
TLE	easurer	01.00					

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes." provide a 33 detailed description of each activity in Schedule O. Х 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 change on Schedule O. See instructions Х 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a activities (such as those reported on lines 2, 6a, and 7a, among others)? Х b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b C Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 35c Х 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 Х 37a Did the organization file Form 1120-POL for this year? 37b х b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . Х 39 Section 501(c)(7) organizations. Enter: а 39a **40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► _____ ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . 40b X Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed С on organization managers or disqualified persons during the year under sections 4912, **d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e Х 41 List the states with which a copy of this return is filed **TN** 42a The organization's books are in care of **Darrell Hawks** Telephone no. ► (615)933-8466 Located at **b** 5333 Hickory Hollow Parkway Antioch, TN ZIP + 4 🕨 37013 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No 42b a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **c** At any time during the calendar year, did the organization maintain an office outside the United States? 42c Х If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44h Х Did the organization receive any payments for indoor tanning services during the year? 44c Х С d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d **45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Х Did the organization receive any payment from or engage in any transaction with a controlled entity within the b meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

Form 990-EZ (2018) Friends of Mill Ridge Park

81-4617752

Page 3

Form 990	0-EZ (2	⁰¹⁸⁾ Friends of Mill R	idge Park			81-	461775	5 <u>2</u> P	Page 4
40								Yes	No
		e organization engage, directly or indirectly			••		46		x
Part \		didates for public office? If "Yes," complete Section 501(c)(3) Organization				•••••	40		A
		All section 501(c)(3) organizations r		s 47-49b and 52, an	nd complet	e the tables f	or lines		
		50 and 51.	·		•				
		Check if the organization used Sche	edule O to respond to	any question in this	Part VI .			<u></u>	:
								Yes	No
		e organization engage in lobbying activities	()	0					
	-	If "Yes," complete Schedule C, Part II.							X
		organization a school as described in sect							X
		e organization make any transfers to an ex	•	0					X
		s," was the related organization a section 5 lete this table for the organization's five hig	•						
		yees) who each received more than \$100,0					, y		
	ompio		·			alth benefits,			
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributi	ons to employee	(e) Estimate		
			devoted to position	(Forms W-2/1099-MISC		ns, and deferred pensation	other con	ipensat	1011
					_				
f	Total r	number of other employees paid over \$100	.000	Þ 0					
		lete this table for the organization's five hig			each receive	- ed more than			
	\$100,0	000 of compensation from the organization	n. If there is none, enter "I	None."					
	(a)	Name and business address of each independ	lent contractor	(b) Type of ser	rvice	(c)	Compensati	on	
	()			(2)))) 0 0 00			, componeda		
				-					
				-					
					N -				
		number of other independent contractors e	e		• <u>0</u>				
52		e organization complete Schedule A? No		-			N		
		eted Schedule A							No
		d complete. Declaration of preparer (other than					vieuge and b	ener, it i	5
						May 15, 2	2019		
Sign		Signature of officer				Date	2010		
Here		Darrell Hawks, Exe	cutive Direc	tor					
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Prepa	rer	Jennie Nunnery	Jennie / ang		5/14/20		yed		
Use O		Firm's name Imagine New Bu	isiness Solutions	6		Firm's EIN ▶			
		Firm's address		22000		Phone no.	0610		
NA 11	100 "		Nashville, TN 3			615-807 -			
May the	IRS di	scuss this return with the preparer shown	above? See instructions				V Yes		No

SCHEDULE A	Pu	blic Chari	ty Status and	Publi	ic Sur	port	OMB No. 1545-0047
(Form 990 or 990-EZ)			-		-	-	2018
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.							
Department of the Treasury Internal Revenue Service	► G	io to www.irs.gov/Fe	orm990 for instructions a	nd the lates	st informati	on.	Inspection
Name of the organization						Employer identification	number
Friends of M			·			81-4617752	
			organizations must				ons.
The organization is no 1 A church, cor	•		on of churches descri		•	,	
			. (Attach Schedule E				
			anization described i	-			
			onjunction with a hos			<i>/ / / /</i>	(iii). Enter the
	me, city, and state						
	•		ollege or university ow	vned or o	perated b	y a governmental u	nit described in
	b)(1)(A)(iv). (Cor				4704		
	•	•	mental unit described antial part of its supp		•		he concret public
v	section 170(b)(1)				a governi		ne general public
)(1)(A)(vi). (Complete	e Part II.)			
			d in section 170(b)(1)			n conjunction with a	land-grant college
			iculture (see instruction				
university:							
10 X An organizati	on that normally	receives: (1) mo	re than 33 1/3% of its nctions–subject to cer	support	from cont	tributions, members	hip fees, and gross
support from	gross investment	t income and uni	related business taxal	ble incorr	ie (less s	ection 511 tax) from	businesses
			75. See section 509(sively to test for public				
v	•	•	ively for the benefit of	-			out the purposes of
	•	•	escribed in section 50	•			
the box in line	es 12a through 12	2d that describes	s the type of supportin	ng organiz	zation an	d complete lines 12	e, 12f, and 12g.
a 🗌 Type I. A s	upporting organiz	ation operated,	supervised, or control	led by its	supporte	ed organization(s), t	pically by giving
	•	· ·	egularly appoint or ele	ect a majo	prity of the	e directors or trustee	es of the supporting
		-	Sections A and B.				/ 、 .
		•	d or controlled in coni anization vested in th		•		
	-		, Sections A and C.	le same p			je the supported
•	. ,	•	ng organization opera	ted in co	nnection	with. and functional	v integrated with.
		• •	s). You must comple				<i>,</i> ,
d 🗌 Type III no	n-functionally in	tegrated. A sup	porting organization of	operated	in connec	ction with its suppor	ted organization(s)
			zation generally must				l an attentiveness
-			mplete Part IV, Sect				
			written determination onally integrated supp				II, Type III
•	• •			•	•	11.	
			orted organization(s)				
(i) Name of supporte		(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	-		(described on lines 1-10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
						manacuonaj	instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants."). 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 4 5 The portion of total contributions by each person (other than а governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar 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.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 14 % 15 33 1/3 % support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this 16a box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3 % support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 17a 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported b 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2018 Friends of Mill Ridge Park

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 Friends of Mill Ridge Park Part III Support Schedule for Organizations Described in Section 50

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

Secti	on A. Public Support			· •		,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")				5,000.	160,225	165,225.
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				5,000.	160,225	.165,225.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.).						165,225.
	on B. Total Support	(-) 0044	(1) 0045	(-) 0040	(.)) 0047	(1) 0040	
	dar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				5,000.	160,225	.165,225.
10a	· · · · ·						
	payments received on securities loans, rents,						
b	royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с							
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						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						+
	and 12.).				5.000.	160.225	165,225.
14	First five years. If the Form 990 is for the	e organization	's first, second	, third, fourth.			
	organization, check this box and stop her	•			•		
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2018 (li			by line 13. co	lumn (f))	. 15	100.00%
16	Public support percentage from 2017						%
	on D. Computation of Investment In				· · ·	<u> </u>	
17	Investment income percentage for 2018			d by line 13, co	olumn (f))	. 17	%
18	Investment income percentage from 201	-		•			%
19a	33 1/3 % support test-2018. If the organ						¹ /3 %, and line
-	line 17 is not more than $33^{1/3}$ %, check this						
b	33 1/3 % support test-2017. If the organize						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instr	ructions

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Part	IV Supporting Organizations (continued)			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	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 (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
0	on E. Type III Functionally Integrated Supporting Organizations			

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): 1
- The organization satisfied the Activities Test. *Complete line 2 below.* а
- b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С
- Activities Test. Answer (a) and (b) below. 2
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b 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.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- 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? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

2a

2b

3a

3b

Yes No

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).
 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functional 	-	egrated Type III support	ing organizatior

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

Schedule A (Form 990 or 990-EZ) 2018

UYA

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Part		3) Supporting Organ	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instr.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule B	
(Form 990, 990-EZ	,
or 990-PF)	
Department of the Tre	asurv

Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

81-4617752

	Friends	of	Mill	Ridge	Park
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Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

□ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3} % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or(2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

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

Name of organization

Part I

Page **2**

Employer identification	number
81-4617752	

Friends	of	Mill	Ridge	Park

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Joe C Davis Foundation 104 Woodmont Blvd. Ste. Suite 310 Nashville, TN 37205	\$ <u>84,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Dan and Margaret Maddox Donor A 100 Taylor Street, Ste. Suite A-20 Nashville, TN 37209	\$ <u>50,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	Wirtgen America 6030 Dana Way Antioch, TN 37013	\$ <u>25,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

Name of organization

0
Employer identification number
81-4617752

Friends of Mill Ridge Park

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org	ganization s of Mill Ridge Park		Employer identification number 81–4617752
Part III	<i>Exclusively</i> religious, charitable, etc (10) that total more than \$1,000 for	the year from any one contribution on s completing Part III, enter the year. (Enter this information of	tons described in section 501(c)(7), (8), or putor. Complete columns (a) through (e) and the total of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	 Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE O	
(Form 990 or 990-EZ))

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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



Internal Revenue Service Name of the organization

Department of the Treasury

Friends of Mill Ridge Park

Employer identification number 81-4617752

Name of the organization Employer identification number Friends of Mill Ridge Park 81-4617752 Part I Line 16 Information technology \$1445.00 Part I Line 16 Travel \$80.00 Part I Line 16 Event Expenses \$590.00 Part I Line 16 Program Expenses \$269.00 Part I Line 16 Payroll Processing \$397.00 Part I Line 16 Office Supplies \$272.00 Part I Line 16 Consulting \$9003.00 Part I Line 16 Web Developer \$5044.00 Part II Line 26 Accounts payable and accrued expenses. Beginning: \$0.00 Ending: \$585.00

Form 990-EZ (2018)	
Name of organization	Employer identifying number
Friends of Mill Ridge Park	81-4617752

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)						
Check if the organization used Schedule O to respond to any question in this Part IV						
(a) Name and Title	(b) Average hours per w eek devoted t position	o compensation (Forms	 (d) Health benefits, contributions to employee benefit plans, and deferred) compensation 	(e) Estimated amount of other compensation		
Darrell Hawks						
Executive Director	40.0	79,063.	5,750.	0.		
	0.0	0.	0.	0.		
	0.0	0.	0.	0.		
	0.0	0.	0.	0.		
	0.0	0.	0.	0.		
	0.0	0.	0.	0.		
	0.0	0.	0.	0.		
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