

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning

and ending

B Check if
applicable:

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

Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.**C** Name of organization

FRIENDS OF WARNER PARKS, INC.

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

50 VAUGHN ROAD

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37221

D Employer identification number

62-1333658

E Telephone number

(615) 370-8051

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list.)H(d) Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ☐ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ WWW.FRIENDSOFWARNERPARKS.ORG**J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS; but if the organization chooses to file a return, be
sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,825,122.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	1,163,549.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 1,163,549. noncash \$)	1d	1,163,549.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	40,093.
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
	7	Other investment income (describe)		7	
	8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
			436,114.	8a	
	b	Less: cost or other basis and sales expenses	436,758.	8b	
	c	Gain or (loss) (attach schedule)	<644.>	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2	8d	<644.>
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 88,370. of contributions reported on line 1a)	9a	185,366.	
	b	Less: direct expenses other than fundraising expenses	9b	55,854.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 3	9c	129,512.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11	Other revenue (from Part VII, line 103)		11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	1,332,510.
Expenses	13	Program services (from line 44, column (B))		13	412,956.
	14	Management and general (from line 44, column (C))		14	39,013.
	15	Fundraising (from line 44, column (D))		15	153,584.
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 16 and 44, column (A))		17	605,553.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	726,957.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	2,576,051.
	20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 4	33,089.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	3,336,097.

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02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) ... (cash \$ 0 • noncash \$ 0 •) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc. **	68,987.	27,595.	8,968.	32,424.
26	Other salaries and wages	146,124.	58,450.	18,996.	68,678.
27	Pension plan contributions				
28	Other employee benefits	4,959.	879.	718.	3,362.
29	Payroll taxes	9,396.	1,665.	1,361.	6,370.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy	16,155.	5,493.	5,331.	5,331.
37	Equipment rental and maintenance				
38	Printing and publications	3,153.	1,576.		1,577.
39	Travel				
40	Conferences, conventions, and meetings ...				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e					
f					
g	SEE STATEMENT 5	356,779.	317,298.	3,639.	35,842.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	605,553.	412,956.	39,013.	153,584.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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** SEE STATEMENT 6

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 9	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a THE CAPITAL PROJECTS STRIVE TO PRESERVE, PROTECT AND IMPROVE THE HISTORIC AND NATURAL BEAUTY OF THE WARNER PARKS. IN ADDITION TO MANY OTHER PROJECTS, THE RESTORATION OF THE HODGE HOUSE CONTINUED IN 2005. FURTHER, THE PROGRAM ALLOWED FOR THE RESTORATION AND PROTECTION OF THE STONE WALLS AND COLUMNS BUILT BY WPA IN THE 1930'S.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	262,055.
b FRIENDS OF WARNER PARK MAKES GRANTS TO THE METRO GOVERNMENT. IN 2005, THESE GRANTS PAID THE SALARY OF A FULL TIME RANGER TO PROTECT THE PARK'S VISITORS, SUPPORTED EDUCATION PROGRAMS AT THE LEARNING CENTER, SUPPORTED A NATURALIST I POSITION AT THE LEARNING CENTER, AND PAID FOR THE SALARIES OF ONE ADMINISTRATIVE CLERK.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	114,205.
c SEE STATEMENT 7	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	26,909.
d SEE STATEMENT 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	9,787.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	412,956.

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	6,710.	69,267.
	46 Savings and temporary cash investments	361,713.	540,143.
	47 a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable	481,253.	
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments - securities STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	181,674.	181,674.
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other SEE STATEMENT 10	1,197,751.	990,885.	
57 a Land, buildings, and equipment: basis	4,779,003.		
b Less: accumulated depreciation			
58 Other assets (describe <input checked="" type="checkbox"/> BENEFICIAL INTEREST)	77,233.	85,999.	
59 Total assets (must equal line 74). Add lines 45 through 58	6,509,057.	7,128,224.	
Liabilities	60 Accounts payable and accrued expenses	33,623.	48,626.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 11	3,899,383.	3,743,501.
	65 Other liabilities (describe <input type="checkbox"/>)		
66 Total liabilities. Add lines 60 through 65)	3,933,006.	3,792,127.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,316,505.	1,867,054.
	68 Temporarily restricted	1,259,546.	1,469,043.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,576,051.	3,336,097.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,509,057.	7,128,224.

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Yes	No
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40

75b

X

75c

X

75d

X

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Yes	No
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76

X

77

X

78a

X

N/A

78b

79

X

N/A



100

81a

0

81b

X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 4,537.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
90 a	List the states with which a copy of this return is filed ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2005 90b 2		
91 a	The books are in care of ▶ ELEANOR WILLIS Telephone no. ▶ (615) 370-8051 Located at ▶ 50 VAUGHN ROAD, NASHVILLE, TN ZIP + 4 ▶ 37221		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a _____
b _____
c _____
d _____
e _____

f Medicare/Medicaid payments _____
g Fees and contracts from government agencies _____

94 Membership dues and assessments _____**95** Interest on savings and temporary cash investments _____**96** Dividends and interest from securities _____**97** Net rental income or (loss) from real estate:

a debt-financed property _____
b not debt-financed property _____

98 Net rental income or (loss) from personal property _____**99** Other investment income _____

100 Gain or (loss) from sales of assets
other than inventory _____

101 Net income or (loss) from special events _____**102** Gross profit or (loss) from sales of inventory _____**103** Other revenue:

a _____
b _____
c _____
d _____
e _____

104 Subtotal (add columns (B), (D), and (E)) _____**105** **Total** (add line 104, columns (B), (D), and (E)) _____**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Signature of officer _____ Date _____ Type or print name and title. _____

Paid Preparer's Use Only Preparer's signature _____ Date 08/29/06 Check if self-employed ☒ Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP + 4 KRAFTCPAS PLLC
555 GREAT CIRCLE ROAD, SUITE 200
NASHVILLE, TN 37228-1310
EIN _____
Phone no. (615) 242-7351

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2005

Name of the organization

FRIENDS OF WARNER PARKS, INC.

Employer identification number

62 1333658

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►** _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: **►** ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	653,403.	319,060.	540,664.	675,778.	2,188,905.
16 Membership fees received			51,788.		51,788.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	167,662.	178,500.			346,162.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	57,638.	59,400.	10,301.	40,424.	167,763.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	4,326.	4,491.	SEE STATEMENT 14 16,104.	13,763.	38,684.
23 Total of lines 15 through 22	883,029.	561,451.	618,857.	729,965.	2,793,302.
24 Line 23 minus line 17	715,367.	382,951.	618,857.	729,965.	2,447,140.
25 Enter 1% of line 23	8,830.	5,615.	6,189.	7,300.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 48,943.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,447,140.
d Add: Amounts from column (e) for lines: 18 <u>167,763.</u> 19 <u> </u> 22 <u>38,684.</u> 26b <u> </u>					26d 206,447.
e Public support (line 26c minus line 26d total)					26e 2,240,693.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 91.5637%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group.Check **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

Employer identification number

FRIENDS OF WARNER PARKS, INC.

62-1333658

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

General Rule-

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

Special Rules-

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

FRIENDS OF WARNER PARKS, INC.

62-1333658

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 26,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 126,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	5110	\$ 31,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 28,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

FRIENDS OF WARNER PARKS, INC.

62-1333658

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 52,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 26,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

FRIENDS OF WARNER PARKS, INC.

62-1333658

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FOOTNOTES

STATEMENT 1

LAND AND PROPERTY CONSISTED OF THE FOLLOWING AT
DECEMBER 31, 2004:

LAND	4,529,003.
HOUSE	250,000.
	<hr/>
TOTAL	4,779,003.
	<hr/>

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
REALIZED GAINS (LOSSES) FROM SALE OF INVESTMENTS	436,114.	436,758.	0.	<644.>
TO FORM 990, PART I, LINE 8	436,114.	436,758.	0.	<644.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SUNDAY IN THE PARK	199,863.	88,370.	111,493.	41,384.	70,109.
THREE FULL MOON PICKING PARTIES	29,244.		29,244.	5,408.	23,836.
SPRING SPREE	26,242.		26,242.	6,084.	20,158.
GOLF TOURNAMENT	18,387.		18,387.	2,978.	15,409.
TO FM 990, PART I, LINE 9	273,736.	88,370.	185,366.	55,854.	129,512.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
CHANGE IN VALUE OF BENEFICIAL INTEREST	12,233.
UNREALIZED GAIN ON INVESTMENTS	20,856.
TOTAL TO FORM 990, PART I, LINE 20	33,089.

FORM 990

OTHER EXPENSES

STATEMENT

5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PARK CONSTRUCTION & RESTORATION PROJECTS	102,460.	102,460.		
EDUCATION	7,764.	7,764.		
LANDSCAPING	6,843.	6,843.		
PROMOTION	8,724.	3,490.		5,234.
PROFESSIONAL DEVELOPMENT	2,593.	2,281.	156.	156.
PROFESSIONAL SERVICES	3,264.		3,264.	
MISCELLANEOUS	1,097.	439.	219.	439.
CONSULTING FEES	30,013.			30,013.
INTEREST	194,021.	194,021.		
TOTAL TO FM 990, LN 43	356,779.	317,298.	3,639.	35,842.

FORM 990	OFFICER COMPENSATION ALLOCATION	STATEMENT	6
	PART II, LINE 25		

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ELEANOR L. WILLIS	68,987.			68,987.
A. PROGRAM SERVICES	27,595.			27,595.
B. MANAGEMENT AND GENERAL	8,968.			8,968.
C. FUNDRAISING	32,424.			32,424.
TOTAL PROGRAM SERVICES				27,595.
TOTAL MANAGEMENT AND GENERAL				8,968.
TOTAL FUNDRAISING				32,424.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				68,987.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

7

DESCRIPTION OF PROGRAM SERVICE THREE

S.W.E.A.T. IS A WORK TO LEARN PROGRAM THAT PROVIDES COLLEGE STUDENTS AN OPPORTUNITY TO ACCOMPLISH NEEDED CONSERVATION PROJECTS IN A MUNICIPAL, NATURAL AREA PARK. HANDS ON ENVIRONMENTAL EDUCATION OCCURS DAILY THROUGH ORGANIZED PROGRAMS AND SPONTANEOUS ENCOUNTERS DURING DIRECT EXPOSURE TO THE ENVIRONMENT. DURING 2005, 8 PEERS OF DIVERSE BACKGROUNDS WORKED TOGETHER STRENGTHENING THEIR TOLERANCE, ENVIRONMENTAL ETHICS, AND CHARACTER.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE C

26,909.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	8
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DESCRIPTION OF PROGRAM SERVICE FOUR

P.E.N. (PEOPLE EXPLORING NATURE) PALS IS PART OF THE METRO PARKS AND RECREATION PROGRAMS BASED AT WARNER PARK NATURE CENTER. IT IS AN OUTREACH PROGRAM DESIGNED TO TEACH YOUTH ABOUT NATURE THROUGH CAMPING, HAYRIDES, SPECIAL EVENTS, OUTDOOR RECREATION, AND NATURALIST LEAD PROGRAMS AT THE COMMUNITY CENTERS OR OTHER DESIGNATED LOCATIONS. IN 2005, MORE THAN 300 INNER CITY YOUTH BENEFITED FROM THIS PROGRAM.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		9,787.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	9
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EXPLANATION

FRIENDS OF WARNER PARK PROVIDES VOLUNTEER SERVICE TO THE NASHVILLE BOARD OF PARKS AND RECREATION IN ORDER TO PRESERVE, PROTECT, AND IMPROVE, THE HISTORIC AND NATURAL QUALITY OF THE WARNER PARKS AND TO IMPROVE THE FACILITIES, EQUIPMENT, AND PROGRAMS OF THE WARNER PARKS.

FORM 990	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	VALUATION METHOD	AMOUNT
RAYMOND JAMES FINANCIAL	MARKET VALUE	990,885.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		990,885.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 11

LENDER'S NAME TERMS OF REPAYMENT

SUNTRUST BANK MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
07/29/04	08/01/06	1,400,000.	5.59%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

REAL ESTATE ACQUIRE LAND TRACTS

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	1,393,501.

LENDER'S NAME TERMS OF REPAYMENT

PINNACLE NATIONAL BANK MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
05/14/04	07/30/06	1,400,000.	5.38%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

REAL ESTATE ACQUIRE LAND TRACTS

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	1,400,000.

LENDER'S NAME	TERMS OF REPAYMENT
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PINNACLE NATIONAL BANK	MONTHLY
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
05/14/04	07/30/06	1,099,383.	6.50%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
REAL ESTATE	ACQUIRE LAND TRACTS

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	950,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	3,743,501.
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FORM 990	OTHER SECURITIES	STATEMENT 12
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
UNION PLANTERS BANK CD	FMV	131,674.
SUNTRUST CD	FMV	50,000.
TO FORM 990, LINE 54, COL B		181,674.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
CHANGE IN BENEFICIAL INTEREST	12,234.
DIRECT FUNDRAISING EXPENSES	55,854.
TOTAL TO FORM 990, PART IV-A	68,088.

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
	4,326.	4,491.	16,104.	13,763.
TOTAL TO SCHEDULE A, LINE 22	4,326.	4,491.	16,104.	13,763.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	FRIENDS OF WARNER PARKS, INC.	62-1333658
	Number, street, and room or suite no. If a P.O. box, see instructions. 50 VAUGHN ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37221	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **ELEANOR WILLIS**
Telephone No. ► **(615) 370-8051** FAX No. ►
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole** group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2005** or
► ☐ tax year beginning , and ending .
- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$
- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	FRIENDS OF WARNER PARKS, INC.	62-1333658
	Number, street, and room or suite no. If a P.O. box, see instructions. 50 VAUGHN ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37221	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **ELEANOR WILLIS**
 Telephone No. **(615) 370-8051** FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006.**
- 5 For calendar year **2005**, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
TAXPAYER IS AWAITING INFORMATION FROM THIRD PARTIES.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **CRA** Date **8/9/06**

Notice to Applicant - To Be Completed by the IRS

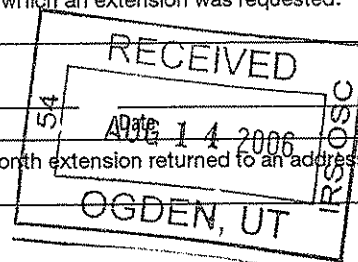
- ☒ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name KRAFTCPAS PLLC
	Number and street (include suite, room, or apt. no.) or a P.O. box number 555 GREAT CIRCLE ROAD, SUITE 200
	City or town, province or state, and country (including postal or ZIP code) NASHVILLE, TN 37228

523832
05-01-05



BOARD - FRIENDS OF WARNER PARKS
2005

Attachment Board

Ex-Officio: Director of Metro Parks:

Roy Wilson
Metro Board of Parks & Rec.
Administrative Office
Oman Street
Nashville TN 37201
862-8400

Metro Council Representatives: District 34: Mrs. Lynn Williams
4020 Dorcas Drive
Nashville TN 37215
383-0778 385-3859 council
email: lynn@metro council34.com

District 35: Mr. Charles Tygard
617 Poplar Creek Trace Court
Nashville TN 37221
646-3295 243-3295

Sunday in the Park Chairs:
2005

Mrs. Fiona King
1210 Temple Crest Drive
Franklin, TN 37069-7219
office @ Worth Properties 250-7880
cell: 417-3434 email justfi@aol.com

Mrs. Peggy Craig
27 Lexington Green
Nashville, TN 37215
office @ SunTrust 463-9004
hm 385-2637 peggy.craig@suntrust.com

Young Leaders Council Intern:

Spring Spree:
2005

Wiff Harmer (Wendell)
4317 Sunnybrook Drive
Nashville, TN 37205
463.2975
email: wiffharmer@bellsouth.net

Mary Cummins (Richard)
636 Royal Oaks Place
Nashville, TN 37205
383.7762
email: hadfenl@aol.com

Lynne & Henry Trost
1307 Lone Oak Circle
Nashville, TN 37215
email: lynnetrost@aol.com

Edith & Miles Kirkland
4206 Kirtland Road
Nashville, TN 37215
email: edithkirkland@aol.com

BOARD OFFICERS:

Mr. John T. Rochford
President, beginning 2004
Contractor, The Rochford Company
2200 Abbott Martin Road
Nashville, TN 37215
hm: 215 Belle Meade Boulevard
Nashville, TN 37205
other: 1426 Moran Road
Franklin, TN 37069
Began Serving 2000
Informal: John Spouse: Carol
383-1141 fax: 383-0493 cell: 804-9500
email: jrochford@rochfordcompany.com

Mr. William E. Martin
Vice-President, beginning 2004
Businessman
Will Martin Co.
5141 Granny White Pike
Nashville, TN 37220
hm: 5141 Granny White Pike
Nashville, TN 37220
Began Serving 2000
Informal: Will Spouse: Jeanie
305-8069 hm: 370-5673 fax: 370-5674
email: willmartin@comcast.net

Mrs. Linda C. Reeve
Board Secretary, beginning 2004
Civic Leader
215 Jackson Boulevard
Nashville, TN 37205-3332
Began Serving 2001
Informal: Linda Spouse: Stuart
353-5066 cell: 500-3537 fax: 353-5064
email: reevefam@comcast.net

Mr. Lawson C. Allen
Board Treasurer, beginning 2003
Investments
Lee, Danner, Bass
One American Center
3100 West End Avenue, Suite 1250
Nashville, TN 37203-1370
hm: 108 Westhampton Place
Nashville, TN 37205
Began Serving 2000
Informal: Lawson Spouse: Mary Lauren
383-1788 cell: 310-5539
244-7775 fax: 244-5778
email: lawson@leedannerbass.com

BOARD MEMBERS:

Mr. E. Warner Bass
Attorney * (Past Board President 1992)
Bass Berry and Sims
2700 First American Center
Nashville TN 37238
hm: 1720 Chickering Road
Nashville TN 37215
Began Serving 1987
Informal: Warner Spouse: Madge
742-6210 fax: 742-2710 hm: 373-8969
email: wbass@bassberry.com

Mr. Al Bodie
President, Bodie & Associates
2921 Chapelwood Drive
Hermitage, TN 37076
Began Serving 2005
Informal: Al Spouse: Julaine
327-1144, ext. 874-6319 hm: 391-0261

Mr. James C. Bradford, Jr.
Retired
530 Belle Meade Boulevard
Nashville, TN 37205
Began Serving 2005
Informal: Jimmy Spouse: Lillian (Tooty)
383-2093

Mr. William Howard Cammack, Jr.
Private investor/consultant
Beacon Corporation
102 Woodmont Boulevard, Suite 231
Nashville, TN 37205
hm: 5125 Annesway Drive
Nashville, TN 37205
Began Serving 2004
Informal: Ward Spouse: Shelley
hm: 352-0462 wk: 345-0233 fax 383-1235
Email: wardcammack@comcast.net

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

Mrs. G. William Coble, II
Civic Leader
Riverbluff Farm
5033 Old Hickory Boulevard
Nashville, TN 37218
Began Serving 2000
Informal: Jane Spouse: Bill
242-5655 fax: 242-0395
cell: 969-1468

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

Mr. Greg Daily
CEO, iPayment, Inc.
Suite 415, 40 Burton Hills
Nashville, TN 37215
hm: 5353 Hillsboro Road
Nashville, TN 37215
Began Serving 2002
Informal: Greg Spouse: Collie
665-1858 ext. 104 hm: 665-9144
cell: 403-4982
email: gdaily@ipayments.com

Mr. David S. Ewing
Nashville Area Chamber of Commerce
211 Commerce Street
Nashville, TN 37201
hm: 2126 Blair Boulevard
Nashville, TN 37212
Began Serving 2003
Informal: David Spouse: Alice Randall
wk: 743-3082 269-7787 **fax:** 256-0393
email: dewing@nashvillechamber.com

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

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

Mr. John B. Hardcastle
Retired, (Past Board President)
hm: 4429 Sheppard Place
Nashville TN 37205
Began Serving 1987
Informal: John Spouse: Fran
383-8808 fax: 297-1794 **hm:** 292-4338 **cell:** 347-5770
email: jhardcastle@hghill.com

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

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

Mrs. Beverly W. Landstreet IV
Vice-Mayor, City of Belle Meade; Civic Leader
4318 Sunnybrook Drive
Nashville, TN 37205
Began Serving 2003
Informal: Julia Spouse: Bev
297-9628 cell: 579-6050 **fax:** 385-4155
email: frystreet@aol.com

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

Mr. William N. Moseley
Head Master, The Ensworth School
211 Ensworth Place
Nashville, TN 37205
hm: 223 Ensworth Place
Nashville, TN 37205
Began Serving 2003
Informal: Will Spouse: Jenny
279-5268 wk: 383-0661
email: moseleyw@ensworth.com

Mr. Buford H. Ortale
Sewanee Ventures
Suite 200
104 Woodmont Boulevard
Nashville TN 37205
hm: 4410 Gerald Place
Nashville TN 37205
Began Serving 1999
Informal: Buddy Spouse: Cynthia
hm: 298-5921 **cell:** 414-7460
email: ortale@comcast.net

Mr. Richard C. Patton
Investment Manager, Woodmont Capital, LLC
4400 Harding Road
Nashville, TN 37205
hm: 1600 Chickering Road
Nashville, TN 37215
Began Serving 2001
Informal: Richard Spouse: Robin
298-7606 (8302-Danielle) **hm:** 383-4804 fax 298-7529
email: rpatton@couragecap.com

Mrs. Bonnie D. Perdue
Civic Leader
314 Whitworth Way
Nashville, TN 37205
Began Serving 2004
Informal: Bonnie Spouse: David
hm: 269-0888
email: bon088@hotmail.com

Mr. Anthony A. Rose
Business Executive
The Danner Company
2 International Drive, Suite 510
Nashville, TN 37217
hm: 5125 Boxcroft Place
Nashville, TN 37205
Began Serving 2001
Informal: Tony
cell: 714-3891 **fax:** 352-1600 **hm:** 352-1600

Mrs. Leah Knox Rubino
Civic Leader
6388 Chickering Circle
Nashville, TN 37215
Began Serving 2002
Informal: Leah Spouse: Bill
hm: 309-8025
email: wrr477@cs.com

Mrs. George B. Stadler
Board Secretary, beginning 2002
Civic Leader
1109 Belle Meade Boulevard
Nashville, TN 37205
Began Serving 2001
Informal: Julie Spouse: George
385-5326 **cell:** 207-9495
email: juliestadler@bellsouth.net

Mr. W. Alexander Steele
President-W.A.S. Investments * (Past President - 2000)
(Endowment Committee)
116 30th Avenue South
Nashville TN 37212
hm: 565 Beech Creek Road South
Brentwood TN 37027
Began Serving 1994
Informal: Alex Spouse: Sandra
329-1717, ext. 105 **fax:** 327-9871 **hm:** 370-9006
email: asteele565@aol.com

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

Mrs. Kristin Chase Taylor
Civic Leader
Perenity
3800 Woodlawn Drive
Nashville, TN 37212
hm: 302 Jackson Boulevard
Nashville, TN 37205
Began Serving 2005
Informal: Kristin Spouse: Donald (Don)
hm: 383-5884 **wk:** 504-5884 **fax:** 297-4412
email: ktaylor302@comcast.net

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

Mr. Laurence O. Trabue, Jr.
hm: 116 Pembroke Avenue
Nashville, TN 37205
Began Serving 2002
Informal: Larry
744-3777 **fax:** 744-3877 **hm:** 352-0023
email: larry.trabue@mypinnacle.com

Mr. David M. Wilds
Past Board President, beginning 2002
First Avenue Partners, L.P.
Suite 550, 30 Burton Hills Boulevard
Nashville TN 37215
Began Serving 1993
Informal: David
846-2031 fax: 665-0696/376-6310
email: dwilds@1stpartners.com

ADVISORY COUNCIL:

Mrs. Hunter Armistead
296 Harding Place
Nashville TN 37205
Began Serving 1990
Informal: Clare
297-2827 cell: 585-3513 fax: 297-2864

Mrs. Martin Brown
6231 Hillsboro Road
Nashville TN 37215
Began Serving 1990
Informal: Betty Spouse: Martin
373-8818

Mr. Robert D. Brown
retired-Third Natl Bank
(Stewardship Committee)
123 Blackburn Avenue
Nashville TN 37205
Began Serving 1988
Informal: Bob
352-7474

Mrs. R. Booth Chapman
1612 North Observatory Drive
Nashville TN 37215
Began Serving 1995
Informal: Georgeanne Spouse: Booth
385-0099

Mr. William S. Cochran
insurance agent
206 Capitol Boulevard
Nashville TN 37219
hm: 4436 Tyne Boulevard
Nashville TN 37215
Began Serving 1995
Informal: Bill Spouse: Anita
782-7372 ext. 259-7603
email: pc_baye@yahoo.com

Mrs. C. A. Craig II
Civic Leader
1800 Chickering Road
Nashville TN 37215
Began Serving 1996
Informal: Debbie Spouse: Neil
373-1488 fax: 661-0748

Mrs. Robert V. Dale
1414 Chickering Road
Nashville TN 37215
Began Serving 1991
Informal: Linda Spouse: Bobby
297-1716

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

Mrs. William F. Earthman
Civic Leader
105 Belle Meade Boulevard
Nashville TN 37205
Began Serving 1995
Informal: Dorothy
383-7133 fax: 383-7212

Mrs. Steven Eskind
Civic Leader
(Membership Committee)
2322 Golf Club Lane
Nashville TN 37215
Began Serving 1994
Informal: Laurie Spouse: Steven
383-2105

Mr. T. Scott Fillebrown
1994 term renewed
Unit 114
615 Belle Meade Boulevard
Nashville TN 37205
Began Serving 1993
Informal: Scott Spouse: Lavenia
297-6041 hm: 383-5943 fax: 297-0255

Mrs. Thomas Frist
Civic Leader
1304 Chickering Road
Nashville TN 37215
Began Serving 1994
Informal: Trish Spouse: Tommy
383-8449

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

Mrs. Anne Goetze-Birnie
Artist / Photographer
4080 Carters Creek Pike
Franklin TN 37064
Began Serving 1999
Informal: Anne Spouse:
790-2609
email: anniemae10@aol.com

Mrs. Margaret W. Greenlee
Apt HC-120 Woodcrest at Blakeford
11 Burton Hills Boulevard
Nashville TN 37215
Began Serving 1990
Informal: Margaret
665-0693

Mrs. Randall Henderson
422 Ellendale Drive
Nashville TN 37205
Began Serving 1993
Informal: Sally Spouse: Randall
269-5961 356-6051

Mr. Orrin H. Ingram
Sr. Vice-President
Ingram Industries
4400 Harding Road
Nashville TN 37205
hm: 1475 Moran Road
Franklin TN 37064
Began Serving 1994
Informal: Orrin
298-8374 fax: 298-7579 **hm:** 377-6318

Mrs. Ashley Caldwell Levi
Advertising Services
Hillco Media * (Past Board Secretary – 2000)
hm: 102 Belle Brook Circle
Nashville TN 37205
Began Serving 1996
Informal: Ashley Spouse: Joe
hm: 269-7594 ext. 269-4697
email: acaldwell@hghill.com

Mrs. Stephen A. Marstiller
Civic Leader * (Past Board Secretary)
6251 Hillsboro Pike
Nashville TN 37215
Began Serving 1989
Informal: Jeanie Spouse: Steve
377-0555 cell: 500-7109

Mrs. Ellen H. Martin
Civic Leader
610 Belle Meade Boulevard
Nashville TN 37205
foundation: The Martin Foundation
20 Burton Hills Boulevard, Suite 100
Nashville TN 37215
Began Serving 1995
Informal: Ellen
cell: 604-1214 329-2255 **hm:** 292-4109 fax: 292-1218

Mrs. Jack C. Massey
4431 Tyne Boulevard
Nashville TN 37215
Began Serving 1991
Informal: Alyne
269-0917

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

Mrs. Hill McAlister
Civic Leader
1320 Page Road
Nashville TN 37205
Began Serving 1999
Informal: Emily Spouse: Hill
269-9208 931-527-0060 farm
email: edmcaster@comcast.net

Mrs. Joseph McAllister
4408 Sheppard Place
Nashville TN 37205
Began Serving 1990
Informal: Rachel Spouse: Joe
383-8910

Mr. Robert A. McCabe, Jr.
Pinnacle Bank
Suite 300 , 211 Commerce Street
Nashville TN 37201
hm: 4418 Herbert Place
Nashville TN 37215
Began Serving 1998
Informal: Rob Spouse: Jennie
744-3729 cell: 310-0183 **hm:** 383-6165 fax: 744-3780
email: rob.mccabe@mypinnacle.com

Mrs. Mary Catherine McClellan
Merrill Lynch
150 Fourth Avenue No. #1700
Nashville TN 37219-2415
hm: 1228 Canterbury Drive
Nashville TN 37205
Began Serving 1997
Informal: Mary Catherine Spouse: David
747-5600 cell: 403-1906 fax: 383.6157/747.5606

Mr. John H. Noel III
The John Noel Company
Suite 106
545 Mainstream Drive
Nashville TN 37228
hm: 5241 Old Harding Road
Franklin TN 37064-9409
Began Serving 1998
Informal: John Spouse: Melinda
259-2003 **hm:** 799-8095
email: johnhnoel@earthlink.com

Dr. Bruce P'Pool
Dermatologist
2105 Piccadilly Place
Nashville TN 37215
Began Serving 1995
Informal: Bruce Spouse: Shocky
865-1720 **hm:** 373-8996 fax: 865-1771 mobile: 351-4686

Mrs. John Gray Palmer
5403 Stanford Drive
Nashville TN 37215
Began Serving 1999
Informal: Nancy Keen
665-0469

Dr. A. Darlene Panvini
Belmont Biology Dept./Assistant Professor
(Stewardship Committee) 1994 renew
hm: 3701 Westbrook Avenue
Nashville TN 37205
Began Serving 1993
Informal: Darlene Spouse: Bob
460-6224 fax: 460-5458 **hm:** 297-6747

Mr. James W. Perkins
Company President
Consumers Oil
PO Box 23309
904 Eighth Avenue South
Nashville TN 37202
hm: 116 Jackson Boulevard
Nashville TN 37205
Began Serving 1993
Informal: Jimmy Spouse: Betty
385-3361 259-3226

Mrs. Dudley Richter
Civic Leader
200 Brook Hollow Road
Nashville TN 37205
Began Serving 1996
Informal: Peggy Spouse: Dudley
356-1186

Mr. Don A. Shriver
Nashville Bank and Trust
4525 Harding Road
Nashville, TN 37205
hm: 3909 Trimble Road
Nashville TN 37215
Began Serving 1992
Informal: Don Spouse: Bertie
515-1714 fax: 515-1717 **hm:** 383-6691
email: don.shriver@nashvillebankandtrust.com

Mr. W. Lucas Simons
hm: 502 Park Hill
Nashville TN 37205
Began Serving 1996
Informal: Luke Spouse: Susan
750-8310 **hm:** 352-1842

Mrs. Lemuel Stevens
4422 Warner Place
Nashville, TN 37205
Began Serving 1992
Informal: Caroline Spouse: Lem
665-2811

Mrs. Cromwell Tidwell

109 Longwood Place

Nashville, TN 37215
Began Serving 1991
Informal: Mary Louise
297-4203

Mr. John B. Tirrill
retired
5917 Long Meadow Drive
Nashville TN 37205
Began Serving 1997
Informal: John
352-4454

Mr. James Webb
Number 110
615 Belle Meade Boulevard
Nashville TN 37205
Informal: Jimmy Spouse: Caroline
356-9750 356-8764

Dr. Charles Wells
The Westbury #302
3737 West End Avenue
Nashville TN 37205
Began Serving 1992
Informal: Charlie Spouse: Ann
385-0504 256-3400

Mrs. William Wade Wood
E-3
715 Belle Meade Boulevard
Nashville TN 37205
Began Serving 1994
Informal: Peggy Spouse: Billy
269-3803