Form **990**

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

2004

Open to Public Inspection

Depa	artment (of the Treasury	be	nefit trust or private foun	dation)	· ·	ıg	Open to Public Inspection
		-	l ne organization may have	ve to use a copy of this return to	satisty state re	porting requirements		mspection
		و موال		, and ending			D Emp	lavan idantifiantian ma
В	1	use IF	1 O Hame of Organization				•	loyer identification no. -7322143
-	1	ss change label	TOTAL OF DADA	IOR TAKE				phone number
\vdash	1	change print of type.				Baamfaurta		5-256-71 4 6
\vdash	Initial		Trained and direct (of 1 o box ii iii		ess)	Room/surte		ounting method: X Cash
\vdash	Final	ded return	TTOO OTTENS CICE				Accr	
_ } _	1	ation pending tions	C-	TN 3722	'n			dar Unter (specify)
<u> </u>) Applic		Section 501(c)(3) organizations and 4947(1 -	re not applicable to sec	tion 527 or	annizations
			trusts must attach a completed Schedule			this a group return for	•	Yes X No
	Wahei		ADNORLAKE . ORG	A (1 01111 000 01 000-L2).	1	'Yes," enter number of		
αл		ization type			¬` ′	e all affiliates included		☐ Yes ☐ No
100	_	only one) > X	501(c) (3) < (insert no)	4947(a)(1) or 527	1 ''	"No," att a list See in		
			ne organization's gross receipts are norr		⊣ '''	this a separate return		
			ot file a return with the IRS; but if the org	•	1 7 7	ganization covered by	•	ng? Yes No
_		-	e mail, it should file a return without finan			roup Exemption Nu		<u>.g. [] 100] 110</u>
		e a complete retu		iolal data como statos		neck X If the		ion is not required
7			6 6b, 8b, 9b, and 10b to line 12	470,86		attach Sch B (Forr	_	,
	art I		, Expenses, and Changes in N					· · · · · · · · · · · · · · · · · · ·
7	1		fts, grants, and similar amounts received		<u> </u>	ooo pago 10 o	T T	
	a	Direct public sup	• •	<u>.</u>	1a	325,243	3	
Enn7	b	Indirect public su	•		1b	<u> </u>	7	
ک	c		stributions (grants)		1c	55,000	5	
	ď			80,243 noncash \$		<u> </u>	1d	380,243
	2	•	revenue including government fees and		10 031		2	500/2:0
-	- A	The state of the s	s and assessments	a contracts (nontreat vii, iii	10 00)		3	
R	EÇE		gs and temporary cash investments				4	6,538
	 5	100	erest from securities				5	- 0,000
44	_	Serass Vents (0)	lerest nom securities		6a			
Ji	∫[_6∰	Less: rental exp		•	6b		┥ \	
_	- 20.5	Met rehthlincom	elor (loss) (subtract line 6b from line 6a)	<u> </u>	<u> </u>		6c	
Q	$\mathbb{G}\mathfrak{D}$	Otherwisemen	it income (describe	,			7	
-0	8a		om sales of assets other	(A) Securities		(B) Other	+	
v e	- Ou	than inventory	om sales of assets sinci	(A) Cocuraces	8a	(S) Other	7	
n u	b	•	er basis and sales expenses		8b		-	
ē	c	Gain or (loss) (a	•		8c		-	
	ď	, , ,) (combine line 8c, columns (A) and (B)		00 1		8d	
	9	- '	nd activities (attach schedule). If any an		k here	П	- Gu	
	а	Gross revenue (of	KIICIC P	ш	1 1	
	•	,	ported on line 1a)	0'	9a	9,402		
	ь	•	enses other than fundraising expenses		9b	5,30	7	
	C	•	oss) from special events (subtract line 9	h from line 9a\	<u> </u>		9c	9,402
	10a	•	oss) from special events (subtract line si eventory, less returns and allowances	5 nomine 9a)	10a			J, 30Z
	b	Less: cost of goo	•		10b		┦	
	C	-	oss) from sales of inventory (attach scho	edule) (subtract line 10b froi			10c	
	11		from Part VII, line 103)	cadio) (additidot iiilo 100 ii0i	iii.G 10aj		11	74,686
	12	•	add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10d	and 11)			12	470,869
E	13		s (from line 44, column (B))	J, and 11)	************	 	13	195,302
X	14	=	d general (from line 44, column (C))				14	34,040
р е	15	_	m line 44, column (D))				15	27,543
n s	16	• .	liates (attach schedule)	,			16	21,343
е	17		(add lines 16 and 44, column (A))				17	256,885
S				12)		 	-	213,984
A Ns	18 10		it) for the year (subtract line 17 from line				18	1,075,754
ө ө	19		nd balances at beginning of year (from li				19	1,013,134
t t	20		n net assets or fund balances (attach ex				20	1,289,738
	Privac		nd balances at end of year (combine line work Reduction Act Notice, see the se				21	T,209,138
inst DAA	ructior	ís.	The state of the s			4	-15	Form 990 (2004)
J, V1						Ę	4	, in 19

Part II Statement of All organizations m Functional Expenses and section 4947(a		plete column (A) Columns			
Do not include amounts reported on line)(1) non	exempt charitable trusts bu			; <u>) </u>
6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program	(C) Management	(D) Fundraising
22 Grants and allocations (attach schedule)			services_	and general	
(cash \$ cash \$)	22				
23 Specific assistance to individuals	23				1
24 Benefits paid to or for members	24				1
25 Compensation of officers, directors, etc.	25	49,773	14,932	19,909	14,932
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30	·		_ 	
31 Accounting fees	31	2,400		2,400	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	1,200		600	600
37 Equipment rental and maintenance	37	495		495	
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	7,256		7,256	
43 Other expenses not covered above (itemize): a	43a				
b See Statement 1	43b	195,761	180,370	3,380	12,01
C .	43c				
d d	43d		· ·		
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations					
completing columns (B)-(D), carry these totals to lines 13-15	44	256,885	195,302	34,040	27,543
Joint Costs. Check ▶ ☐ if you are following SOP 98-2.				·	
Are any joint costs from a combined educational campaign and for	undrais	ing solicitation reported	I in (B) Program service	es?	Yes X No
If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amou	nt allocated to Program se		
(iii) the amount allocated to Management and general \$, and (iv) the amou	nt allocated to Fundraising	\$	
Part III Statement of Program Service Acco	mpli	shments (See page	ge 25 of the instru	ictions.)	
What is the organization's primary exempt purpose?			-		Program Service
▶ PROTECTION OF RADNOR LAKE STA					Expenses (Required for 501(c)(3) &
All organizations must describe their exempt purpose achieveme of clients served, publications issued, etc. Discuss achievements	nts in a	a clear and concise mar	ner. State the number		(4) orgs , & 4947(a)(1)
organizations and 4947(a)(1) nonexempt charitable trusts must a	iso ent	er the amount of grants	and allocations to other	ers)	trusts, but optional for others)
a MAINTENANCE, PROTECTION IMPR	OVE	MENT OF NAT	URZAL		
ENVIRONMENT, HABITAT, FACILI			ROPERTY		
VIA LAND ACQUISITION OF SURP	NUOS	DING LOTS			
		(Grants and all)	153,313
b EDUCATIONAL & ENVIRONMENTAL					
EAGLE SCOUT PROJECTS, ENVIRO	NME	NTAL ED, AN	D NEWSLETTE	R	
		(Grants and all)	13,124
c CONTINUE TO SUPPORT RADNOR I	AKE	STATE PARK	WITH		
PROGRAMS STATE DOES NOT FUND).	JUNIOR RANG	ER PROGRAMS		
AND OTHER PARK SUPPORT					
		(Grants and all	ocations \$)	9,233
d					
		(Grants and all	ocations \$)	<u> </u>
Other program services (attach schedule)		(Grants and all	ocations \$	<u>}</u>	19,632
f Total of Program Service Expenses (should equal line 44,	colum	n (B), Program services)		195,302
DAA					Form 990 (200)

Part IV Balance Sheets (See page 25 of the instructions.)

Note:	Where required, attached schedules and amounts v	ithin the de	scription	(A)		(B)		
т	column should be for end-of-year amounts only	Beginning of year		End of year				
45	Cash-non-interest-bearing	399,303		614,39				
46	Savings and temporary cash investments			<u></u>	46			
47a	Accounts receivable	47a	İ					
b	Less: allowance for doubtful accounts	47b			47c			
ĺ			20.000					
48a	Pledges receivable	48a	30,000			20.00		
b	Less: allowance for doubtful accounts	48b			48c	30,00		
49	Grants receivable		}		49			
50	Receivables from officers, directors, trustees, and k (attach schedule)	ey employee	es		-			
51a		٠	-		50			
Jia	schedule)	51a						
Ь	Less: allowance for doubtful accounts	51b			51c			
52	Inventories for sale or use	[010]			52			
53	Prepaid expenses and deferred charges				53			
54	Investments-securities See Statement	: 2	Cost X FMV	31,936				
55a	Investments-land, buildings, and	•	0000					
	equipment basis	55a	20,478					
ь	Less: accumulated depreciation (attach							
ľ	schedule) See Statement 3	55b		645,512	55c	20,47		
56	Investments-other (attach schedule)				56			
57a	Land, buildings, and equipment: basis	57a	625,926					
ь	Less: accumulated depreciation (attach							
	schedule)	57b			57c	625,92		
58	Other assets (describe							
	T-4-1		1 076 751		1 200 00			
59 60	Total assets (add lines 45 through 58) (must equal	line 74)		1,076,751	59	1,290,80 1,06		
61	Accounts payable and accrued expenses Grants payable				60	1,00		
62	Deferred revenue		 		61 62			
63	Loans from officers, directors, trustees, and key em	alovoce (att	och -		62			
03	schedule)	noyees (alla	1011		63			
64a	Tax-exempt bond liabilities (attach schedule)		<u> </u>		64a			
Ь	Mortgages and other notes payable (attach schedule	2)	-		64b	v		
65	Other liabilities (describe > See Statem	•	_)	997	65			
	-			007		1 00		
66	Total liabilities (add lines 60 through 65) anizations that follow SFAS 117, check here	and comp	Into lines	997	66	1,06		
Orga	67 through 69 and lines 73 and 74.	j and comp	nete lines					
67	Unrestricted			1,075,754	67	834,73		
68	Temporarily restricted		-	1,013,134	68	455,00		
69	Permanently restricted		-		69	433,00		
1	anizations that do not follow SFAS 117, check here	. ▶ □ a	nd		- 09	**************************************		
J	complete lines 70 through 74.	"						
70	Capital stock, trust principal, or current funds			70				
71	Paid-in or capital surplus, or land, building, and equi	-		71				
72	Retained earnings, endowment, accumulated incom	unds -		72				
73	Total net assets or fund balances (add lines 67 th	•						
1	70 through 72;	5 55 51						
1	column (A) must equal line 19; column (B) must equ		1,075,754	73	1,289,73			
74	Total liabilities and net assets / fund balances (a	1,076,751	74	1,290,80				

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

Form	990 (2004) FRIENDS OF RAI	NOR LAKE	23-	7322143			Page 4
Pa	rt IV-A 🥠 Reconciliation of Rev	enue per Audited	Part IV-B	Reconciliation of	Exp	enses per	· Audited
	 Financial Statements 	with Revenue per		Financial Statem	ents	with Expe	enses per
	Return (See page 27	of the instructions.)		Return		•	•
a	Total revenue, gains, and other support			s and losses per			
•	per audited financial statements	a 470,8		•	•	a	256,885
b	Amounts included on line a but not on	<u> </u>		ded on line a but not		<u> </u>	
D							
	line 12, Form 990.		on line 17, For				
(1)	Net unrealized gains on		(1) Donated service				
	investments \$	-		\$		 	
(2)	Donated services and use		(2) Prior year adju	stments			
	of facilities \$		reported on line	e 20,		1	
(3)	Recoveries of prior		Form 990	<u> </u>]	
	year grants \$]	(3) Losses reporte	d on line 20,			
(4)	Other (specify):		Form 990	\$]	
			(4) Other (specify)	:		}	
	\$						
	Add amounts on lines (1) through (4)	b		\$			
	rice amounts on mice (1) amough (1)		Add amounts of	on lines (1) through (4)		ь	
_	Line a minus line b	c 470,8				 	256,885
C		c 470,8				- c	250,005
d	Amounts included on line 12,		d Amounts include	•			
	Form 990 but not on line a:		Form 990 but r				
(1)	Investment expenses	1	(1) Investment exp	enses		1	
	not included on line		not included or	i line			
	6b, Form 990 \$]	6b, Form 990	\$		1	
(2)	Other (specify)		(2) Other (specify)	•		1	
	\$			\$			
	Add amounts on lines (1) and (2)	d	Add amounts of	on lines (1) and (2)		d	
е	Total revenue per line 12, Form 990			per line 17, Form 990)		
•	(line c plus line d)	470,8			•		256,885
Pa	Int V List of Officers, Director				encate	ed see nage	
. ! 4		s, musices, and ney	Employees (List eac	i one even ii not comp	CIISAL	su, see page	27 01
	the instructions)		(B) Title and average	(C) Compensation	(D)	Contrib to	(E) Expense
	(A) Name and address		hours per week devoted to	(if not paid, enter	emp	loyee benefit s & deferred	account and other
	THE DESIGNATION OF THE PERSON		position	-0)	, co	mpensation	allowances
	NN TIDWELL		PRESIDENT			^	
	ILDRETH COURT NASHVILI	E TN		0	├	0	0
	OHN HARDCASTLE		VICE PRES				_
	129 SHEPPARD PL NASHV	LLE TN 37205		0		0	0
DO	ON SHRIVER		TREASURER				
_ 39	909 TRIMBLE RD NASHVII	LE TN 37215		0	ļ	0	<u> </u>
K	AREN DAVIS		SECRETARY			- 	
N	ASHVILLE TN					0	l o
-					T		
			1	!			Į.
					 		
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			}	}	l		
				<u> </u>			<u> </u>
							_
			<u> </u>				
75	Did any officer, director, trustee, or key emp	oloyee receive aggregate co	ompensation of more than	\$100,000 from your			
	organization and all related organizations, or					•	Yes X No
	If "Yes," attach schedule-see page 28 of the		,	<u>-</u>		•	

Form	990 (2004) FRIENDS OF RADNOR LAKE 23-7322143		_ 6	age 5
_	nrt VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of			
	each activity	76	L	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.].		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		ļ
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a	70		x
80a	statement Is the organization related (other than by association with a statewide or nationwide organization) through common			
ova	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		х
b	If "Yes," enter the name of the organization	Joan		 -
•	and check whether it is exempt or nonexempt.			
81a	Enter direct and indirect political expenditures See line 81 instructions		ľ	
b	Did the organization file Form 1120-POL for this year?	81b		<u>x</u>
82a	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	<u> </u>	X
ь	If "Yes," you may indicate the value of these items here. Do not include this amount as	1	}	1
	revenue in Part I or as an expense in Part II (See instructions in Part III.)	_		_
83a	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? N/A	83b	<u> </u>	<u> </u>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions		-	ł
	or gifts were not tax deductible? 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A			├─
85				\vdash
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	630		
	received a waiver for proxy tax owed for the prior year	ļ	1	!
С	Dues, assessments, and similar amounts from members	ŀ		i
d	Section 162(e) lobbying and political expenditures	7	ĺ	
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f]	_]_
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			İ
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax		<u> </u>	
	year? N/A	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	_		
ь	Gross receipts, included on line 12, for public use of club facilities 504(4)(4) and 5 the an Organization of the ball to the	4		
87	501(c)(12) orgs Enter: a Gross income from members or shareholders Gross income from ethal organization of the state of t	\dashv	}	}
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	 	Ì]
-	partnership, or an entity disregarded as separate from the organization under Regulations sections			ļ
	301 7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	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			
þ	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	1	}	1
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			ĺ _
	a statement explaining each transaction	89b	<u> </u>	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			_
_	sections 4912, 4955, and 4958			<u> </u>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed None Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)			2
91	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) The books are in care of Telephone no.			
٠.	Located at ZIP + 4			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			▶ I
	and enter the amount of tax-exempt interest received or accrued during the tax year			<u> </u>
			222	

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 special events 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue: 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Subtotal (add columns (B), (D), and (E)) 107 Total (add line 104, columns (B), (D), and (E)) 108 Subtotal (add columns (B), (D), and (E)) 109 Subtotal (add columns (B), (Note: Enter	gross amounts unless otherwise	ducing Activities		d business inc			oy sec 512, 513, or 514	
See Statement See Statemen	indicated.	•		(A)	(B		(C)	(D)	1
Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable	93 Program	service revenue:		Business code	Amoi	int Ex	clusion	Amount	'
Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part XI Information Regarding Taxable	a								
Medicare/Medicald payments grees and contracts from povernment agencies									
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Medicare/Medicaid payments Fees and contracts from government agencies									
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partnership, or disregarded entity ownership interest N/A % % Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please Date Date	Name, add	dress, and EIN of corporation,	Percentage of		1-/	vities		Total income	
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Figure 29, 2005 Date							4_		
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please Date Date	N/A	<u> </u>		%					
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge The Please Date Date				%			<u> </u>		
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Figure 29, 2005 Date				%			┵		
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge The Date Date			<u> </u>	%					
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Town 29.2005 Date	Part X	Information Regarding T	ransfers Associa	ated with F	Personal	Benefit Co	ntrac	ts (See page 34 of	the instructions)
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Take 2005 Date	(a) Did	the organization, during the year, re	eceive any funds, direc	tly or indirectly	y, to pay pre	miums on a p	ersonal	benefit contract?	Yes X No
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Jan 29, 2005 Date Dat	(b) Did	the organization, during the year, pa	ay premiums, directly o	or indirectly, o	n a personal	benefit contr	act?		Yes X No
and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Jan 2005 Date Date Da	Note: If "Y	es" to (b), file Form 8870 and Form	4720 (see instruction	s)					
Please Jan Date Jane Jour LANCE Date		Under penalties of perjury, I declare th	at I have examined this re	turn, including a	accompanying	schedules and	statemer	nts, and to the best of r	ny knowledge
FRICHES OF RAPNOR GUE		and belief, it is true, correct, and comp	lete, Declaration of prepar	er (other than o	ifficer) is base	d on all informat	tion of wh	nich preparer has any k	nowledge
FRISHES OF RAPNOR LAUE	Please	X Om Solson Tolker						Jane	29 7005
FRICHES OF CAPIC									
				Lis	405 AP 1	1 DONOR	I AIL	.	
Charles S. December 2011 - DT) A 12	10 CH	NI POUL	WM.	-	
						r	$\overline{}$	Charlet	Droposodo CCN DTN

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2004

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number Name of the organization FRIENDS OF RADNOR LAKE 23-7322143 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.") (d) Contributions to (a) Name and address of each employee paid more (e) Expense (b) Title and average hours (c) Compensation empl ben plans & account and other than \$50,000 per week devoted to position deferred comp allowances NONE Total number of other employees paid over \$50,000 Part II 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

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

Total number of others receiving over \$50,000 for

professional services

Schedule A (Form 990 or 990-EZ) 2004

Sche	dule A	A (Form 990 or 990-EZ) 2004 FRIENDS OF RADNOR LARE 25-7522145		<u> </u>	age 2
Pa	art II	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid nourred in connection with the lobbying activities \$ (Must equal amounts on line 38,			
	Par	rt VI-A, or line I of Part VI-B.)	1		X
	_	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	-	anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			ļ
2		lobbying activities. ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
_		estantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or		ļ	[
		n any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
	owr	ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the		ļ	l
	tran	nsactions)			
_	0-1				x
a b		e, exchange, or leasing of property? Iding of money or other extension of credit?	2a 2b	-	X
c		nishing of goods, services, or facilities?	2c	 	X
d		yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
0		insfer of any part of its income or assets?	_2ө	<u> </u>	X
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
L	-	u determine that recipients qualify to receive payments.)	3a 3b		X
b 4a		you have a section 403(b) annuity plan for your employees? you maintain any separate account for participating donors where donors have the right to provide advice	_ <u>3b</u> _	-	A
		the use or distribution of funds?	4a	}	x
b	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pa	art l'	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The					
5	orgar	nization is not a private foundation because it is. (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	Н	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	Ц	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III). Enter the hospital's name, cit	y,		
		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	(vi)(iv)		
	_	(Also complete the Support Schedule in Part IV-A.)			
11a	Ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section	on		
11b		170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	Н	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
-	u	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 acquire	d		
		by the organization after June 30, 1975 See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)			
13	X	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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See			
		section 509(a)(3)) Provide the following information about the supported organizations (See page 5 of the instructions)			
			(b) Line	numbe	er
		(a) Name(s) of supported organization(s)	from a		
		RADNOR LAKE NATURAL AREA	8		
			<u>~</u>		
	\Box				
14_		An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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 (e) Total (a) 2003 **(b)** 2002 (d) 2000 Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received (Do not include unusual grants. See line 28) 16 Membership fees received 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 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 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 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 23 Total of lines 15 through 22 24 Line 23 minus line 17 25 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 26a 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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b c Total support for section 509(a)(1) test: Enter line 24, column (e) 26c d Add: Amounts from column (e) for lines: 18 19 26b 26d e Public support (line 26c minus line 26d total) 26e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 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." N/A Do not file this list with your return. Enter the sum of such amounts for each year. (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 11, 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 N/A amounts) for each year: (2003)(2002)(2000)Add: Amounts from column (e) for lines: 15 16 20 27c d Add: Line 27a total. and line 27b total 27d Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test. Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

Schedule A (Form 990 or 990-EZ) 2004 FRIENDS OF RADNOR LAKE

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

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A		Yes	No
	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)	".		_
	The foot places assessed, in the finance explaint (in foot many analytic explaints and an explaints)			
	·			
32	Does the organization maintain the following:			-
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	<u>32a</u>		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	22-		
	with student admissions, programs, and scholarships?	32c 32d		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	320		
	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:			
		-		
а	Students' rights or privileges?	<u>3</u> 3a		
		Ì		
b	Admissions policies?	33b	_	<u> </u>
_	Employment of faculty or administrative staff?	33c		
С	Employment of faculty of administrative state:	330		├─
d	Scholarships or other financial assistance?	33d		
_				_
е	Educational policies?	33e		<u> </u>
f	Use of facilities?	33f		
g	Athletic programs?	33g		
	Other outre outre outre detautes 2	226		
n	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	,			
			_	
		[
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
b	Has the organization's right to such aid ever been revoked or suspended?	34b		<u> </u>
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	1		}
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		-

	ditures by Electing ONLY by an eligib		•	_		uction N'/A	•	
Check ▶ a If the organization belo	ongs to an affiliated group	. Check	b if	you ch	ecked "a" and	"limite	d conti	rol" provisions apply
	n Lobbying Expend				(a Affiliated tota			(b) To be completed for ALL electing organizations
	litures" means amounts p			T 00				
36 Total lobbying expenditures to influence	, , ,-	· -·		36				
37 Total lobbying expenditures to influenc		t lobbying)		37				
38 Total lobbying expenditures (add lines	36 and 37)			38				
39 Other exempt purpose expenditures	1d lane 20 and 20)			39				
40 Total exempt purpose expenditures (ad				40			\rightarrow	
41 Lobbying nontaxable amount Enter the		=					1	
If the amount on line 40 is-	- -	ntaxable amount is-						
Not over \$500,000	20% of the amount of			ļ	[
Over \$500,000 but not over \$1,000,000	•	of the excess over \$500,000						
Over \$1,000,000 but not over \$1,500,000	•	of the excess over \$1,000,0		41				
Over \$1,500,000 but not over \$17,000,000	, ,	the excess over \$1,500,00	°	i	\		1	
Over \$17,000,000	\$1,000,000							
42 Grassroots nontaxable amount (enter 2	· ·			42	 			
43 Subtract line 42 from line 36. Enter -0-	-			43	 			
44 Subtract line 41 from line 38. Enter -0-	if line 41 is more than line	38		44	L			
	" 40 " 44	. 5: 5 4700		1				
Caution: If there is an amount on either			- Cootio	- F04	1/6)			
		ging Period Unde			• •			
(Some organizat	ions that made a section	` '		•		enmulc	pelow	•
	See the instructions for	lines 45 through 50 on	page 11 of	the in:	structions)			
	,	Lobbying Expen	ditures D	uring 4	I-Year Averagi	ng Pe	rlod	
Calendar year (or	(a)	(b)	(0			(cl)		(e)
fiscal year beginning in)	2004	2003	20	02	2	<u>001</u>		<u>Total</u>
]					ŀ	
45 Lobbying nontaxable amount	 						\longrightarrow	
46 Lobbying ceiling amount (150% of								
line 45(e))	 							
47 Total lobbying expenditures				_				
48 Grassroots nontaxable amount							-:	
49 Grassroots ceiling amount (150% of								
line 48(e))								
50 Grassroots lobbying expenditures					L			
Part VI-B Lobbying Activit	y by Nonelecting P	ublic Charities						
(For reporting on	ly by organizations	that did not compl	ete Parl	VI-A) (See page	<u>= 11 c</u>	of the	instructions) N/.
During the year, did the organization attem	pt to influence national, s	tate or local legislation,	ncluding a	ny				A4
attempt to influence public opinion on a leg	slative matter or reference	lum, through the use of:				Yes	No	Amount
a Volunteers		-						
b Paid staff or management (Include co	ompensation in expenses	reported on lines c thro	ough h.)					
c Media advertisements		,	• ,					
d Mailings to members, legislators, or t	he public	•						
e Publications, or published or broadca								
f Grants to other organizations for lobl								
g Direct contact with legislators, their s		s, or a legislative body						· · · · · · · · · · · · · · · · · · ·
h Rallies, demonstrations, seminars, c			ans			<u> </u>		
Total lobbying expenditures (Add line	•	,,	-				-	
If "Yes" to any of the above, also atta		tetailed description of th	e lobbyina	activit	ies			

Sche	dule A (Form 99	00 or 990-EZ) 2004	FRIENDS	OF RADNOR	LAKE	23-7322143		F	⊃age
_	art VII					s and Relationships With Noncharital	ole Exen		
				11 of the instruc					
51	•					th any other organization described in section			
) organizations) or in oncharitable exempt		elating to political organizations?		Yes	No
а	(i) Cash		rganization to a n	onchantable exempt	organization or		51a(i)	165	X
	• • •	· assets					a(ii)	<u> </u>	X
b	Other trans			•					
	(i) Sales	or exchanges of a	ssets with a nond	charitable exempt org	ganization		b(i)		X
	(ii) Purch	ases of assets from	m a noncharitable	e exempt organizatio	n		b(ii)		X
	(iii) Renta	ıl of facılıties, equip	ment, or other as	ssets		•	b(iii)		X
		bursement arrange					b(iv)		X
		s or loan guarantee		as 6 indrainina anhaite			b(v)		X
С				or fundraising solicita ner assets, or paid er			b(vi)	 	X
d	_					(b) should always show the fair market value of t			
		· ·		-		tion received less than fair market value in any			
	-					er assets, or services received			
	(a)	(b)		(c)		(d)			
	Line no	Amount involve	d Name o	f nonchantable exempt	organization	Description of transfers, transactions, and shar	ing arranger	ents	
	/=	ļ							
<u>N</u>	/A								
									
		 	<u> </u>						
		 							
		 	- 						
		ļ							
									
		 							
		 		· · · · · · · · · · · · · · · · · · ·					
_		 							
 52a	Is the organ	ization directly or it	ndirectly affiliated	with, or related to, o	ne or more tax-	exempt organizations			
	described in	section 501(c) of	the Code (other t	han section 501(c)(3)) or in section (527?	▶ 🗌 Y	es 💈	KN
_b	If "Yes," cor	mplete the following	schedule			T			
		(a) Name of organization		(b) Type of orga	-141	(c)			
	N/A	Name of organization	·	Type of orga	riization	Description of relationship			
_	N/A								
									
_									
			· · · · · · · · · · · · · · · · · · ·						
									
_				 					
_		·····							
_				 					

23-7322143

Federal Statements

FYE: 12/31/2004

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
PROFESSIONAL FEES				
DUES & SUBSCRIPTIONS	45		45	
INSURANCE	1,130		1,130	
BANK FEES	765		115	650
DEER & COYOTE STUDY	2,958	2,958		
JUNIOR RANGER PROGRAM	4,271	4,271		
CONTRACT LABOR	2,500			2,500
EAGLE SCOUT PROJECTS	5,000	5,000		
ENVIRONMENTAL EDUCATION	517	517		
EVENTS	1,406	1,406		
FEES	449		449	
HOSPITALITY	1,600			1,600
NEWSLETTER	5,600	4,649		951
FRIST TECHNOLOGY GRANT	1,033	413	620	
GIFTS & AWARDS	2,289	1,145		1,144
LAND ACQUISITION GRANTS	153,313	153,313		
MEMBERSHIP OUTREACH	100			100
NETHERTON VIDEO	5,000	1,500		3,500
PROPERTY TAX	-634		-634	
PARK SUPPORT	4,962	4,962		
POSTAGE & HANDLING	572		286	286
PRINTING & PUBLICATIONS	323		323	
SUPPLIES	661		331	330
PHONE	1,429		715	714
WEB SITE MAINTENANCE	472	236		236
Total	\$ 195,761	\$ 180,370	\$3,380	\$ 12,011

RADNOR FRIENDS OF RADNOR LAKE

23-7322143

Federal Statements

FYE: 12/31/2004

Statement 2 -	<u>· Form 990, Part I\</u>	<u>, Line 54 - Investment</u>	s in Securities
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Description	Beginning of Year	End of <u>Year</u>	Basis of Valuation
Corporate Stock SECURITIES	31,936		Market
	31,936		

Statement 3 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description	= 						
	Beginning of Year		Accum Deprec		End of Year		Accum Deprec
LAND	~	<u></u>		^	-	<u>~</u>	
CHEEK 2 PROPERTY	\$	\$		\$		\$	
MCCUBBIN PROPERTY	176,890						
FURNITURE	167,000						
CHEEK 1 PROPERTY	37,057		12,971				
	194,536						
DAVIS PROPERTY	83,000						
FURNITURE & EQUIPMENT					20,478		
Total	\$ 658,483	\$	12,971	\$	20,478	\$ <u></u>	0

Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Be 	Beginning of Year		
PAYROLL DEPOSIT LIABILITY ROUNDING DIFFERENCES	\$	995 2	\$	
Total	\$	997	\$	0

RADNOR FRIENDS OF RADNOR LAKE

Federal Statements

FYE: 12/31/2004

23-7322143

Statement 5 - Form 990, Part VII, Line 103 - Other Revenue

Description	Business Code		Unrelated Amount	Exclusion Code	_	Exclusion Amount	_	Related Income
REVENUE FROM RADNOR REVELRY GRANT INCOME		\$			\$		\$	
GENERAL CONTRIBUTIONS								
SALES OF MERCHANDISE LICENSE PLATE INCOME				1		73,989		730
NETHERTON VIDEO INCOME UNREALIZED LOSS ON SECURITI								-33
Total		\$_	0		\$_	73,989	\$_	697

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