JR5

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 Open to Public Inspection

Α	For the	2007 calendar year, or tax year beginning , and ending		
В	Check if a	use IRS		mployer identification number 3 - 7 3 2 2 1 4 3
	Name cha	nge print of		elephone number
	Initial retur	type. Number and street (or P O box if mail is not delivered to street address) Room/suite		15-256-7146
H		Specific 1160 OTTER CREEK ROAD		ccounting method X Cash
\mathbb{H}	Terminatio	Instruc City or town, state or country, and ZIP + 4	_ Ad	ccrual Other (specify)
Ш	Amended			
	Application	' Y Annada manada akkash a sammilakad Cahadula A /Camm 000 an 000 C7\		
G	Websit	n(a) is this a group return for an		, <u> </u>
		zation type H(c) Are all affiliates included?	IIIIales	Yes No
J	_		ione l	☐ Tes ☐ NO
_		Hid) Is the account when file		n
K	Check he	in the diganization is not a sociatory supporting diganization and its gross	-	
		4 Group Examption Number		
	to file a r	eturi, be sure to file a complete return		zation is not required
	Gross r	eceipts Add lines 6b, 8b, 9b, and 10b to line 12 264,385 to attach Sch B (Forms	-	·
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructi		
	1	Contributions, gifts, grants, and similar amounts received:	0110.	
	' a	Contributions to donor advised funds		
	b	Direct public support (not included on line 1a) 1b 143,737		
	C	Indirect public support (not included on line 1a) 1c 57,342		
	d	Government contributions (grants) (not included on line 1a) 10 10 10 10 10 10 10 10 10 1		
	e	Total (add lines 1a through 1d) (cash \$211,079 noncash \$)	1e	211,079
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	222,0.5
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	
	5	Dividends and interest from securities	5	9,049
	6a	Gross rents DEGEN		2,022
	b	Less rental expenses CEIVED 6b		
	c	Net rental pome or (loss) Subtract line 6b from line 6a	6c	
	7 Other in Sermon Middle Macroban (Secretary)			<u> </u>
enne	8a	Gross amount from sales of assets other (A) Secunties (B) Other	·	
Š	f ₂	than inventory of the second s		
ď	Ъь	Less: cost or ether basis and sales expenses 8b		
8	∌ c	Gain or (loss) (attach schedule)		
•	Z d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d	
ļ		Special events and activities (attach schedule) If any amount is from gaming, check here		
		Gross revenue (not including \$ of		
3	1	contributions reported on line 1b) 9a 31,115		
], p	Less: direct expenses other than fundraising expenses		
é	A IIC 2 @ 2008	Net income or (loss) from special events. Subtract line 9b from line 9a	9с	31,115
r	10a	Gross sales of inventory, less returns and allowances 10a 13,142		
Š	₿ь	Less cost of goods sold 10b 11,853		
•	T c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a Stmt 1	10c	1,289
	11	Other revenue (from Part VII, line 103)	11	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	252,532
	13	Program services (from line 44, column (B))	13	66,463
Expenses	14	Management and general (from line 44, column (C))	14	40,039
Den	15	Fundraising (from line 44, column (D))	15	24,049
Ä	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses. Add lines 16 and 44, column (A)	17	130,551
ets	18	Excess or (deficit) for the year Subtract line 17 from line 12	18	121,981
\SS	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,129,379
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	2,251,360
For	· Privacy truction	Act and Paperwork Reduction Act Notice, see the separate s.		Form 990 (2007)
DA	4			<u> </u>

Part II	Statement of Functional Expenses				olumns (B), (C), and (D pt charitable trusts but		
Do no	ot include amounts reporte	ed on line	T		(B) Program	(C) Management	
	6b, 8b, 9b, 10b, or 16 of P			(A) Total	services	and general	(D) Fundraising
	aid from donor advised funds (atta		 				
•	non- cash \$	acii scriedule)					
	ount includes foreign grants, che	ck here	22a	'			
	its and allocations (attach schedule)	ck liefe	1				
•	`	,	\ \	Į.			
	ount includes foreign grants, che	ck hore	22b				
		cy nere	220				
•	assistance to individuals (attach		23	Ì]		
schedule	,		23				
	paid to or for members (attach		24	1			
schedule	•		24				
•	sation of current officers, directors	5,			l		
• .	oyees, etc listed in See State	ment 2	250	56,517	22,607	22,607	11,303
Part V-A			25a	30,317			11,303
•	sation of former officers, directors	•	ì i	ì			
	oyees, etc listed in		056				
Part V-B		1 1 1 1 1	25b				
•	sation and other distributions, not						
•	lified persons (as defined under s		1		İ		
)) and persons described in secti		25c				
	and wages of employees not incli	uded	_				
	25a, b, and c		26				
	plan contributions not included or	1		İ		,	
	, b, and c		27				
	e benefits not included on lines						
25a – 27			28				
29 Payroll ta			29				
30 Profession	onal fundraising fees		30			5 500	
31 Account	ng fees		31	6,300		6,300	
32 Legal fee	es		32				
33 Supplies			33	870		435	435
34 Telephor	ne		34	2,260		1,130	1,130
35 Postage	and shipping		35				
36 Occupan	•		36	1,300		650	650
37 Equipme	nt rental and maintenance		37				
38 Printing a	and publications		38				
39 Travel			39				
40 Conferer	ices, conventions, and meetings		40				
41 Interest			41				
42 Deprecia	tion, depletion, etc. (attach sched	lule)	42				
	penses not covered above (itemiz	ze)	1 1		ļ	ļ	
a See	Statement 3		43a	63,304	43,856	8,917	10,531
b			43b				
С			43c				
d			43d				
е			43e				
f			43f				
g			43g				
44 Total fu	nctional expenses. Add lines 22	а					
through 4	13g (Organizations completing						
=	(B)-(D), carry these totals to lines	5	\ \		1		
13-15)			44	130,551	66,463	40,039	24,049
Joint Costs.	Check ▶ ☐ If you are following	ng SOP 98-2					
Are any joint	costs from a combined education		fundrais	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	rvices \$,
(III) the amoun	t allocated to Management and genera	at \$, and (iv) the amou	nt allocated to Fundraising	\$	

(Grants and allocations

(Grants and allocations

e Other program services (attach schedule)

Total of Program Service Expenses (should equal line 44, column (B), Program services)

Form 990 (2007) FRIENDS OF RADNOR LAKE 23-7322143 Page 3 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? **Program Service** ▶ PROTECTION OF RADNOR LAKE STATE NATURAL AREA **Expenses** (Required for 501(c)(3) and All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (4) orgs, and 4947(a)(1) of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) trusts, but optional for organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) others) MAINTENANCE, PROTECTION IMPROVEMENT OF NATURZAL ENVIRONMENT, HABITAT, FACILITIES ON PARK PROPERTY VIA LAND ACQUISITION OF SURROUNDING LOTS 36,149 (Grants and allocations If this amount includes foreign grants, check here EDUCATIONAL & ENVIRONMENTAL STUDIES -- DEER, COYOTE, AND EAGLE SCOUT PROJECTS, ENVIRONMENTAL ED, AND NEWSLETTER 17,543 If this amount includes foreign grants, check here (Grants and allocations CONTINUE TO SUPPORT RADNOR LAKE STATE PARK WITH PROGRAMS STATE DOES NOT FUND. JUNIOR RANGER PROGRAMS AND OTHER PARK SUPPORT (Grants and allocations 12,771 If this amount includes foreign grants, check here d

If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

▶

66,463 Form 990 (2007)

P	art IV	Balance Sheets (See the instructions.)			_		
	Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	n the d	escription	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			268,534	45	407,206
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a	13,304			
	b	Less allowance for doubtful accounts	47b		15,636	47c	13,304
	ļ						
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors,	trustee	es, and			
	١.	key employees (attach schedule)		50a	 		
	b	Receivables from other disqualified persons (as defined		section 4958(f)(1)) and		501	
	Eda	persons described in section 4958(c)(3)(B) (att schedul	ie)			50b	
	эта	Other notes and loans receivable (attach schedule)	51a				
ste	b	Less allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use	<u> </u>		4,939	52	938
•	53	Prepaid expenses and deferred charges				53	
	54a	Investments—publicly-traded securities See Statement	4	Cost X FMV		54a	
	b	Investments—other securities		Cost FMV		54b	
	55a	(attach schedule) Investments—land, buildings, and					
	334	equipment, basis	55a	1,867,395			
	b	Less accumulated depreciation (attach					
		schedule) See Statement 5	55b	30,181	1,841,532	55c	1,837,214
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a				
	b	Less accumulated depreciation (attach	1				
		schedule)	57b	<u> </u>		57c	
	58	Other assets, including program-related investments					
		(describe ► See Statement 6)	7,553	58	0.050.660
	59	Total assets (must equal line 74) Add lines 45 through	58		2,138,194	59_	2,258,662
	60	Accounts payable and accrued expenses			1,262	60	7,302
	61	Grants payable				61	
	63	Deferred revenue Loans from officers, directors, trustees, and key employ	oos (at	tach		62	<u> </u>
ties	03	schedule)	ees (a	.tacii		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)				64a	
Ë	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe > See Statemen	t 7)	7,553	65	
				ĺ			
	66	Total liabilities. Add lines 60 through 65			8,815	66	7,302
	Orga	nizations that follow SFAS 117, check here 🕨 🗓 a	nd con	nplete lines			
		67 through 69 and lines 73 and 74					
es	67	Unrestricted			2,125,134		2,233,498
and	68	Temporarily restricted			4,245	_68_	17,862
Ba	69	Permanently restricted				69	
<u>n</u>	Orga	nizations that do not follow SFAS 117, check here		and			
Ę	70	complete lines 70 through 74					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			70	<u> </u>	
sset	71	Paid-in or capital surplus, or land, building, and equipme	ŀ		71		
Ä	72	Retained earnings, endowment, accumulated income, or Total net assets or fund balances. Add lines 67 through		}		72	
Š	, 3	70 through 72 (Column (A) must equal line 19 and colu	-	\			
		equal line 21)	(D	must	2,129,379	72	2,251,360
	74	Total liabilities and net assets/fund balances. Add lin	nes 66	and 73	2,129,379	73 74	2,251,360
							_,

2 Other (specify)

Add lines d1 and d2

Total expenses (Part I, line 17) Add lines c and d

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

d2

5,839

See Statement 8

(A) Name	and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ANN TIDWELL	NASHVILLE	PRESIDENT	:		
306 Mountainside Dr	TN 37215	0	0	0	
JOHN HARDCASTLE	NASHVILLE	VICE PRES			
4209 SNEED ROAD	TN 37205	0	0	0	
DON SHRIVER	NASHVILLE	TREASURER			
3909 TRIMBLE RD	TN 37215	0	0	0	
KAREN DAVIS	NASHVILLE	SECRETARY			
4400 BELMONT Pk Terr	TN 37215	_ 0 _	0	0	

5,839

130,551

Part V.A. Current Officers, Directors, Trustees, and Key Employees (continued) Yes Far far the total number of officers, directors, and content of the sense o	Form	990 (2007) FRIENDS OF RADNOR LAKE 23-7322143			age 6
meetings A very any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees stated in Schedule A, Part I, or highest compensated ordersonal and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other ordersonal professional and other compensated employees listed in Schedule A, Part I, or highest compensated professional and other ordersonal employees listed in Schedule A, Part I, or highest compensated professional and other organizations, whether tax exempt or taxable, that are related to the organization or very employee shaded in the part or distellated programation. If If Yes,* attach a statement that includes the information described in the instructions. Part VB	Pa	rt V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
b. Ave any officers, directors, trustees, or key employees listed in Form 980, Part V.A. or highest compensated engages is lead in Schedule A. Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a sistement that identifies the individuals and explains the relationships (in the property of the propert	75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board			
employees listed on Schedule A, Partil, or highest compensated professional and other independent contractors lated in Schedule A, Partil A, or High, Fetted to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationships or independent contractors lated in Schedule A, Partil A or High, Fette compensation from any other organizations, whether tax exempt or taxable, that are related to the organizations? See the instructions for the definition of related organization. If "Yes," attach a statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described in the instructions. If yes, a "that in a statement that includes the information described in the instructions or other benefits in the appropriate column. See the instructions of the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. If yes," attach a statement of each change in its advises or methods of conducting activities? If "Yes," attach a detailed statement of each change in the instructions. If yes, "attach a confirmed copy of the changes are deviced by the changes in the organization of your deviced in the IRS? If "Yes," has diffied a tax return on Form 990-T for the yea? If "Yes," has diffied a tax return on Form 990-T for the yea? If "Yes," has diffied a tax return on Form 990-T for the yea		meetings -			
contractors lated in Schedule A, Part II-6 or II-5, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). c Do any officers, directors, trustees, or key employees lated in Form 990, Part V-A or highest compensated employees lated in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part I, or highest compensation from any other organizations whether tax exempt or traxble, that are related to the bein structions for the definition of "related organization" in "Format Officers, or the definition of "related organization" in "Format Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefit (any former officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefit (any former officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefit (any former officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year, list the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions in the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions in the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions in the person below and enter the amount of compensation or other benefits in the appropriate column. See the mature of the compensation of the decision of the compensation or other benefits in the appropriate column. See the mature of the compensation of the compensation or other benefits in the appropriate column. See the mature of the compensation of the compensation or other benefits in the appropriate column. See the mature of the compensation of the compensation or other benefits in the appropriate column or of the c	b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated			
relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) c. Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensation professional and other independent contractors listed in Schedule A, Part I, or high execute compensation may other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" or "Trustees," attach a statement that includes the information described in the instructions If "Yes," attach a statement that includes the information described in the instructions If "Yes," attach a statement that includes the information of the profession or other benefits (described below) during the year, set the person below and enter the amount of compensation or other benefits (described below) during the year, set the person below and enter the amount of compensation or other benefits (described below) during the year, set that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions is a compensation or other benefits in the appropriate column. See the instructions is a compensation or other benefits in the appropriate column. See the instructions is a compensation of the profession or other benefits (described below) during the year, set that the appropriate column. See the instructions is a compensation or other benefits in the appropriate column. See the instructions is a compensation of the instructions is a compensation or other benefits in the appropriate column. See the instructions is compensated by the compensation of the instructions is compensation or other benefits in the appropriate column. See the instructions is compensated in the appropriate column or other applications of the instructions is compensated by the instructions is compensated by the in		employees listed in Schedule A, Part I, or highest compensated professional and other independent			
C Do any officers, directors, frustees, or key employees lated in Form 990, Part V-A, or highest compensated employees lated in Schedule A, Part II, or highest compensated professional and other independent contractors lated in Schedule A, Part II, or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization from any other organization, whether tax exempt or taxable, that are related to the organization from any other organization have a written control of states to provide the defination of related organization have a written control of states to provide the instructions of the defination of related organization have a written control of states to provide the states of the compensation or other benefits of the part V-B. Towner Officer, director, frustees, and Key Employees That Received Compensation or Other Bene (If any former officer, director, frustees, and Key Employees That Received Compensation or Other Bene (If any former officer, director, frustees, and Key Employees That Received Compensation or Other Bene (If any former officer, director, frustees, and Key Employees That Received Compensation or Other Bene (If any former officer, director, director) and the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions) Part V-B. Towner Officer, director, frustees, and Key Employees That Received Compensation or Other Bene (II) (II) (III)		contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business			
compensated employees listed in Schedule A, Part I, or highest compensation from any other organizations, whether tax exempt or translet, that are related to the organization? See the instructions for the definition of "related organization" in "Yes", attach a statement that includes the information described in the instructions of the definition of "related organization" in "Yes", attach a statement that includes the information described in the instructions of the definition of "related organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) dumpt the year, is this parson below and enter the amount of compensation or other benefits (described below) dumpt the year, is the parson below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (B) Loans and Advances (B) Loans and Advances (B) Loans and Advances (B) Loans and Advances (C) Comparison to the propriate column. See the instructions of the described below dumpt the year column. See the instruction of the described below dumption to the part of the		relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
compensated employees listed in Schedule A, Part I, or highest compensation from any other organizations, whether tax exempt or translet, that are related to the organization? See the instructions for the definition of "related organization" in "Yes", attach a statement that includes the information described in the instructions of the definition of "related organization" in "Yes", attach a statement that includes the information described in the instructions of the definition of "related organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) dumpt the year, is this parson below and enter the amount of compensation or other benefits (described below) dumpt the year, is the parson below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (B) Loans and Advances (B) Loans and Advances (B) Loans and Advances (B) Loans and Advances (C) Comparison to the propriate column. See the instructions of the described below dumpt the year column. See the instruction of the described below dumption to the part of the					
ndependent contractors isided in Schedule A, Part II-A or II-B, receive compensation from any other crganizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" away within conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Sens (large present of large present	С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest			
organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "felated organization" 75c 15		compensated employees listed in Schedule A, Part I, or highest compensated professional and other			
## definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions A Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene person below and enter the amount of 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 (B) Loars and Advances		independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other			
## definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions A Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene person below and enter the amount of 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 (B) Loars and Advances		organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for		,	
Part V Other Information (See the instructions.)		·	75c		Х
Does the organization have a written conflict of inferest policy? T5d			1.00		
Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene (If my homer officer, director, trustee, or key employee received compensation or 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 (B) Loses and Advances (C) Compensation (D) Complexes (D) Co	ч		754	1	х
(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 (B) Least and Advances (C) Compensation (D) Compens		<u></u>		Ronc	
person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions a control of first date of the control of first date of the control of first date of the control of first date of the control of first date of the control of first date of the control of first date of the control of first date of the control of first date of the control of first date of the control of first date of the control of the cont	1 4				
(A) Name and address (B) Loans and Advances (C) Company (C) Compan			year,	not tria	
Part V Other Information (See the instructions.) Yes		(C) Compensation (D) Contributions (0 (1	E) Expe	ense
Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) Ves To Dit the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change Were any changes made in the organization of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The State of the statement of each of the statement of each of the statement of each of the statement of each of the statement of each of the statement of each of the statement of each of the statement of each of the statement of each of the statement of the organization or substantial contraction during the year? If "Yes," attach a statement is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, et., to any other exempt or nonexempt organization? But the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, et., to any other exempt or nonexempt organization? But the organization of the organization and check whether it is exempt or nonexempt organization? But the organization exempt or nonexempt organization? But the organization exempt organization organization organization? But the organization exempt organization organization organization? But the organization exempt organization organization organization organization? But the organization exempt organization or		(A) Name and address (B) Loans and Advances (If not paid, plans & deferred	acco	ount and	dother
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organization? b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt and check whether it is exempt or 0 80a and check whether it is exempt or 0 81a 0		- · · · · · · · · · · · · · · · · · · ·			
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt Bla Enter direct and indirect political expenditures. (See line 81 instructions) Bla 0			'		
and check whether it is exempt or nonexempt B1a Enter direct and indirect political expenditures. (See line 81 instructions) B1a 0		·	80a	<u></u>	X
B1a Enter direct and indirect political expenditures. (See line 81 instructions) B1a 0	þ				
b Did the organization file Form 1120-POL for this year?			'		
	<u>b</u>	Did the organization file Form 1120-POL for this year?	81b	L	_X_

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Ra	art VI Other Information (continued)			Yes	No
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		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.)		1 1		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	•-	83a	<u> </u>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		<u> </u>
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		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	85a		
p	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		- 1		
đ	Section 162(e) lobbying and political expenditures 85d	<u> </u>	-		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e				
f .	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	37/3			
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	NT / 7			
86	following tax year? 501/cV7) oras. Enter a Initiation foos and capital contributions included an line 13	N/A	85h		
	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a Cross receives uncluded on line 12 for public use of club feetilities.		1		
b 87	Gross receipts, included on line 12, for public use of club facilities 86b 870		1		
_	501(c)(12) orgs Enter a Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other		- 1		
b	sources against amounts due or received from them) 87b				
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		1 1		
ooa	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		88a		X
ь	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the		004		
-	meaning of section 512(b)(13)? If "Yes," complete Part XI		88b		х
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under.	•	000		
	section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶	0			
b	501(c)(3) and 501(c)(4) orgs 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
С	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			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction?		89e		_X_
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the				
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings				
	at any time during the year?		89g		X
90a	List the states with which a copy of this return is filed None				
þ	Number of employees employed in the pay period that includes March 12, 2007 (See				
	instructions)	90b			
91a	The books are in care of ► Telepho	one no			
	Located at ► ZIP + 4	•			
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		「	Yes	No
	account)?		91b		Х
	If " Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts				

orm 990 (2007) FRIENDS OF RADNOR			23-73	<u> 22143</u>			Page 8
Part VI Other Information (continued							Yes No
c At any time during the calendar year, did the organ	nization maintain ar	n office outsid	e of the United State	s?		91c	<u> </u>
If "Yes," enter the name of the foreign country							_
Section 4947(a)(1) nonexempt charitable trusts file	ng Form 990 in liet	of Form 104	11—Check here		7 (▶ _
and enter the amount of tax-exempt interest receiv	ved or accrued duri	ing the tax ye	ar		▶ 92		
Part VII Analysis of Income-Produci	ng Activities (See the in	structions.)				
Note: Enter gross amounts unless otherwise		Unrelated b	ousiness income	Excluded b	y section 512, 513, or 514		(E)
ndicated		(A) siness code	(B) Amount	(C) Exclusion	(D) Amount		ated or ot function
93 Program service revenue	Bus	siness code	Amount	code	Amount	-	come
a OTHER SERVIES							
b							
c							
d				t			
е				-			
f Medicare/Medicaid payments							
F	-						
g Fees and contracts from government agencies Membership dues and assessments	 						
	nte —						
95 Interest on savings and temporary cash investmen		10000	9,049	1			
96 Dividends and interest from securities		. 10000	2,023				
97 Net rental income or (loss) from real estate:	 	·····				·· · · · · · · · · · · · · · · · · · ·	
a debt-financed property							
b not debt-financed property	<u> </u>						
98 Net rental income or (loss) from personal property	·						
99 Other investment income	_						
100 Gain or (loss) from sales of assets other than invented	ntory				0.7.7.7		
Net income or (loss) from special events				1	31,115		
102 Gross profit or (loss) from sales of inventory	<u></u>						1,289
103 Other revenue a							
b See Statement 9							<u></u>
c							
d	I						
e							
104 Subtotal (add columns (B), (D), and (E))			9,049		31,115		1,289
105 Total (add line 104, columns (B), (D), and (E))					•		41,453
Note: Line 105 plus line 1e, Part I, should equal the amo	ount on line 12, Par	t 1.					
Part VIII Relationship of Activities to			f Exempt Purpo	ses (Se	e the instructions	.)	
Line No. Explain how each activity for which in							
of the organization's exempt purposes				· important	ay to allo docompromis	5111	
N/A	· -						
			- v				
							
		-					
Part IX Information Regarding Taxa	hla Subsidiar	ias and D	ieragardad Entit	tipe /Sa	a the instructions	<u> </u>	
(A)	(B)	ies alla Di	(C)	100 100	(D)		E)
partnership, or disregarded entity ow	Percentage of nership interest	Na	ture of activities		Total income	End-o	of-year sets
N/A	%	 					
	%	<u> </u>					
	%	0					
	%	6					
Part X Information Regarding Tran	sfers Associa	ted with F	Personal Benefit	Contra	cts (See the inst	ruction	s.)
(a) Did the organization, during the year, receive ar							es X No
(b) Did the organization, during the year, pay premi	•	•				-	es X No
Note: If "Yes" to (b), file Form 8870 and Form 4720		2011,1 On a p	. s. sona, sonom com			۰۰ ب	[
Total to to to the solid to the	1200						n 990 (2007)

For <u>m 99</u> 0			23-7322143			Page 9
Part :				y if the orga	anization	
	is a controlling organization as de	fined in section 512(b)(13).			TN-
106	Old the reporting organization make any transfers to a	controlled entity as defined in	section 512(b)(13) of		1	es No
	he Code? If "Yes," complete the schedule below for ea					х
\top	(A)	(B)	(C)		(D)	
-	Name, address, of each	Employer ID	Description of	İ	Amount of	
 -	controlled entity	Number	transfer			
а						
7						
b						
+						
С						
_L						
	Totals					
						es No
107	Old the reporting organization receive any transfers fro	om a controlled entity as define	ed in section			- 10
	512(b)(13) of the Code? If "Yes," complete the schedu					X
Ì	(A)	(B)	(C)	1	(D)	i
	Name, address, of each controlled entity	Employer ID Number	Description of transfer		Amount of	
+						
a						
4-						
b				1		
С						
					 -	
	Totals					
		kk		<u></u>	Υ	es No
	Did the organization have a binding written contract in	• , ,	ering the interest,			
	rents, royalties, and annuities described in question 10					
	Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete Declaration	ined this return, including accompa on of preparer (other than officer) is	nying schedules and statements, and to based on all information of which prepa	o the best of my k arer has any knyov	knowledge vledge	
Please	Vutoni Jarkson			18/11	08	
Sign Here	Signature of officer		1 1 1 6	Date (* .	
	Victoria Jack	ison Exec.	Assistant to E	Board of	- Direc	tors
	Type or print name and title		Date Check if	P	reparer's SSN	or PTIN
Paid	Preparer's signature	and.	Date Check if self-employer	(8	See Gen Instr	
Prepar	er's ACCIIRATER TO	NCOME TAX SERV		EIN >		
Use O	if self-employed), 2606 EUGEN	IIA AVE SPC C		Phone		
	address, and ZIP + 4 NASHVILLE,	TN 37211		I no ▶ 61	L5-256	-7146

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

Employer identification number

Name of the orga		SOF	RADNOR LAKE			Employer identi 23 – 732214	fication number
Part I	Compensation of the Five Highest Paid Empl	-			ctors, ar	d Trustees	
	(See page 1 of the instructions. List each one.	. IT ther				(d) Contributions to	(e) Expense
	(a) Name and address of each employee paid more than \$50,000		(b) Title and average ho per week devoted to pos	1 (0)	Compensation ;	empl benefit plans & deferred comp	
NONE							
						 -	
						<u>.</u>	ļ
T. Al	of the condense and over \$50,000		0			·	
Part II-A	of other employees paid over \$50,000 Compensation of the Five Highest Paid Inde	pende		Profess	sional Se	rvices	
, with A	(See page 2 of the instructions. List each one						"None.")
	(a) Name and address of each independent contractor paid more to				(b) Type of se		c) Compensation
NONE							
				1			
				-			
		·					
Total number of professional se	of others receiving over \$50,000 for ervices	•		ļ			
Part II-B	Compensation of the Five Highest Paid Inde	pende	nt Contractors for	Other S	Services		
	(List each contractor who performed services firms. If there are none, enter "None." See page			ervices,	whether	individuals	or
	(a) Name and address of each independent contractor paid more				(b) Type of se	rvice (c) Compensation
NONE		<u> </u>					
			· · · · · · · · · · · · · · · · · · ·			- 	
				-			
							
	of other contractors receiving over			Ē			•
\$50,000 for oth	ner services k Reduction Act Notice, see the Instructions for Form 990	and Fo	 m 990-EZ.		Schedule	A (Form 990	or 990-EZ) 2007

Sche	edule A (Form 990 or 990-EZ) 2007 FRIENDS OF RADNOR LAKE	23-7322143		F	age 2
P	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 Wust equal amounts on Part VI-A, or line i of Part VI-B)	line 38,	1		x
	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.				
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)				
а	Sale, exchange, or leasing of property?		2a		x
b	Lending of money or other extension of credit?		2b		x
С	Furnishing of goods, services, or facilities?		2c		х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2d		х
е	Transfer of any part of its income or assets?		2e		х
3а	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	n	3a		х
b	Did the organization have a section 403(b) annuity plan for its employees?		3b		х
с	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		3c		х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		3d		x
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		4.		x
b	Did the organization make any taxable distributions under section 4966?		4a 4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?		4c		
d	Enter the total number of donor advised funds owned at the end of the tax year	>			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	>			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	-		0	l
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	>			0

P	HT F	W Reason for Non-Private Founda	ation Status (See p	pages 4 through 8	of the instru	ictions.)			
cer 5	tify th	at the organization is not a private foundation bed A church, convention of churches, or association	=	• • •	ox)				
6		A school Section 170(b)(1)(A)(ii) (Also complete	e Part V)						
7		A hospital or a cooperative hospital service orga	nization Section 170(b)(1)(A)(III)					
8		A federal, state, or local government or government	ental unit Section 170(b)(1)(A)(v).					
9		A medical research organization operated in con	junction with a hospital	Section 170(b)(1)(A)(iii)	Enter the hos	pital's name, c	ity,		
	and state ▶								
10		An organization operated for the benefit of a colle (Also complete the Support Schedule in Part IV	-	or operated by a goverr	nmental unit Se	ction 170(b)(1)(A)(ıv)		
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) (Als	o 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization. X Type I Type III Type III-Functionally Integrated Type III-Other								
		Provide the following inform	ation about the suppor	ted organizations. (Se	e page 8 of the	instructions)			
		(a)	(b)	(c)	(d)	(e)		
		Name(s) of supported organization(s)	Employer	Type of	Is the su	i i	Amount of		
			identification	organization	organizatio	I	support		
			number (EIN)	(described in lines	the sup	porting			
				5 through 12 above or IRC	organiza governing d	i			
				section)					
TP	מת ב	NOR LAKE NATURAL AREA		<u> </u>	Yes	No			
				8	х				
Tota									
14		An organization organized and operated to test for	or public pototy. Contra	500(a)(A) (Cas 2	of the material				
17		Air organization organized and operated to test is	or public safety. Section	JUJ(a)(4). (See page 8	or the instructio	115)			

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

<u>Note</u>	: You may use the worksheet in the instruct			sh method of accounting		
Caler	dar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	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					
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, income from similar sources, 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					
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					
23_	Total of lines 15 through 22					
24	Line 23 minus line 17			.		
25	Enter 1% of line 23					
26	Organizations described on lines 10 or	11: a Enter 2% of	amount in column (e),	line 24	▶ 26a	
b	Prepare a list for your records to show the	name of and amount	contributed by each pe	erson (other than a		
	governmental unit or publicly supported or	ganızation) whose tota	l gifts for 2003 through	1 2006 exceeded the		
	amount shown in line 26a Do not file this	s list with your return	. Enter the total of all ti	hese excess amounts	▶ 26b	
C	Total support for section 509(a)(1) test: En	nter line 24, column (e)			▶ 26c	
d	Add Amounts from column (e) for lines	18	19			
		22	26b		▶ 26d	
е	Public support (line 26c minus line 26d tot	al)			▶ 26e	
f	Public support percentage (line 26e (nu	imerator) divided by I	ine 26c (denominato	r))	▶ 26f	%
27	Organizations described on line 12:	a For amounts inclu-	ded in lines 15, 16, and	d 17 that were received fr	om a "disqualified	·
	person," prepare a list for your records to	show the name of, and	total amounts receive	d in each year from, each	"disqualified person "	
	Do not file this list with your return. En	ter the sum of such am	ounts for each year			N/A
	(2006) (2	005)	(2004	4)	(2003)	
þ	For any amount included in line 17 that wa	is received from each j	person (other than "dis	qualified persons"), prepa	are a list for your records	s to
	show the name of, and amount received for	or each year, that was	more than the larger o	of (1) the amount on line 2	5 for the year or (2) \$5,0	000
	(Include in the list organizations described	in lines 5 through 11b	as well as individuals) Do not file this list wit	h your return. After cor	nputing
	the difference between the amount receive	ed and the larger amou	nt described in (1) or ((2), enter the sum of these	e differences (the exces	S
	amounts) for each year					N/A
	(2006) (2	005)	(2004	4)	(2003)	
С	Add Amounts from column (e) for lines.	15	16			
	17		 21		▶ 27c	
đ	Add Line 27a total	and line 27b			▶ 27d	
е	Public support (line 27c total minus line 27		_		▶ 27e	
f	Total support for section 509(a)(2) test. Er		3, column (e)	▶ 27f		
g	Public support percentage (line 27e (nu				▶ 27g	%
<u>h</u>	Investment income percentage (line 18				▶ 27h	%
28	Unusual Grants: For an organization des					
	prepare a list for your records to show, for					
	description of the nature of the grant Do			-		
	·					

	(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	24	1	
	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.			
а	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		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	}		
	with student admissions, programs, and scholarships?	32c	ļ <u> </u>	├
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:			
а	Students' rights or privileges?	33a	-	<u> </u>
b	Admissions policies?	33b	<u> </u>	ļ. <u> </u>
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)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	<u>34a</u>		
	the the assessment white such and are here assets do assessment at			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	-	
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	1	1

c	٥~	_	_	c
ŀ	-a	а	e	n

		litures by Electing	g Public Charities (ble organization that			of the insti	ructic N/A		43 Page 6
 Che								d cont	rol" provisions apply
<u> CIIC</u>	Limits or	n Lobbying Expen	nditures	<u> </u>	, , , , ,	(a) Affiliated total			(b) To be completed for all electing organizations
		tures" means amounts			20				
	Total lobbying expenditures to influence				36	-		-	
	7 Total lobbying expenditures to influence a legislative body (direct lobbying)								
	Total lobbying expenditures (add lines 3	6 and 37)			38				
	Other exempt purpose expenditures	d lines 20 and 20)			40				
	Total exempt purpose expenditures (add		una tablo		40				
	Lobbying nontaxable amount Enter the		ontaxable amount is-						
	If the amount on line 40 is-	20% of the amount							
	Not over \$500,000 Over \$500,000 but not over \$1,000,000		of the excess over \$500,000	1		ii.			
	Over \$1,000,000 but not over \$1,500,000	·	of the excess over \$1,000,00	n	41				
	Over \$1,500,000 but not over \$1,500,000	•	of the excess over \$1,500,000	1	· · ·				
	Over \$17,000,000 but not over \$17,000,000	\$1,000,000	Ji IIIC CXC633 04Cl Ψ1,300,000						
	Grassroots nontaxable amount (enter 2				42				
	Subtract line 42 from line 36 Enter -0- if		ne 36		43		····		
	Subtract line 42 from line 38. Enter -0- if				44				
44	Subtract line 41 from line 36. Enter -0-1	i lilite 41 is filore dizir ilit	ic 50						
	Caution: If there is an amount on either	line 43 or line 44 you i	must file Form 4720						
	Caution. If there is an amount on cluser		aging Period Under	Section	n 50	1(h)			
	(Some organization		501(h) election do not ha			• •	olumns	below	ı
	(Some organization		r lines 45 through 50 on p					20.01	•
		CCO the mondonerie to							
			Lobbying Expend					riod	
	Calendar year (or	(a)	(b)	(0	-	1	(d)		(e)
	fiscal year beginning in)	2007	2006	20	05		004		Total
	Lobbying nontaxable amount								
	Lobbying ceiling amount (150% of								
	line 45(e))		<u> </u>	<u></u>		·			
<u>47</u> _	Total lobbying expenditures								
40	0								
	Grassroots nontaxable amount								
	Grassroots ceiling amount (150% of								
	line 48(e))				***************************************				
E 0	Grassroots lobbying expenditures								
		y by Nonelecting	Public Charities						
•				te Parl	VI-A) (See page	e 14 d	of the	e instructions.) N/A
Dur	ng the year, did the organization attemp					/ (000 pag-			
	mpt to influence public opinion on a legis			oleanig e	,		Yes	No	Amount
ao.	Volunteers	Sidily of fidelical	idam, amoogn ato doo or						
b	Paid staff or management (Include co	mnensation in expense	es reported on lines a throi	igh h)					
c	Media advertisements			- g/					
d	Mailings to members, legislators, or the	ne public							
e	Publications, or published or broadca	•							
f	Grants to other organizations for lobb					j			
g	Direct contact with legislators, their st		als or a legislative body				<u> </u>		
	Direct contact with registators, their st	ans, government onto	iis, oi a iegisialive body				ь—		
	Rallies demonstrations cominare co	nventione enaachee le	ectures or any other man	ne					
h i	Rallies, demonstrations, seminars, co		ectures, or any other mean	ns					
	Rallies, demonstrations, seminars, co Total lobbying expenditures (Add lines If "Yes" to any of the above, also attact	s c through h.)			activit	ies			

<u> Sche</u>	dule A (Form 990 or 990-EZ) 2	2007 FRIENL	S OF RADNOR	LAKE	23-/322143		Pa	age 7
Pá		_	ensfers To and Tra		is and Relationships With Noncharitabl	е		
i1					n any other organization described in section			
• •					ating to political organizations?			
		•	=		ating to political organizations.		$\overline{}$	
а	Transfers from the reporting	organization to a no	onchantable exempt orga	mization of	Γ		Yes	No
	(i) Cash				-	51a(ı)	<u></u>	_ <u>X</u>
	(ii) Other assets					a(ii)	 	X
b	Other transactions							
	(i) Sales or exchanges of	assets with a nonc	haritable exempt organiz	ation	-	b(i)		<u> </u>
	(ii) Purchases of assets fro	om a noncharitable	exempt organization			b(ii)		X
	(iii) Rental of facilities, equ	ipment, or other as	sets			b(iii)		X
	(iv) Reimbursement arrang	•				b(iv)		X
	(v) Loans or loan guarante	•				b(v)		X
	•		or fundraising solicitation	•				X
	• •	•	=		i	b(vi)		X
С	Sharing of facilities, equipme					<u> </u>		
d					(b) should always show the fair market value of the			
					ion received less than fair market value in any			
	transaction or sharing arrang	ement, show in col	umn (d) the value of the	goods, othe	er assets, or services received:			
	(a) (b) Line no Amount involve	lod Nome o	(c) f nonchantable exempt orga	nization	(d) Description of transfers, transactions, and sharing a	0000000	onto	
		red Ivanie o	Thoriciantable exempt organ		Description of transfers, transactions, and straining a		iciii3	
N/.	A							
					· · · · · · · · · · · · · · · · · · ·			
								
			 -					
	Is the organization directly or	indirectly affiliated	with or related to one o	r more tay-	evernations			
	described in section 501(c) o					\square v.	es X	No
L		· ·	1811 30011011 301(0)(0)) 01	in section (521:	ш ··	C3 (A)	110
	If "Yes," complete the following	ig scriedule						
	(a) Name of organizatio	NO.	(b) Type of organizat	IOD	(c) Description of relationship			
			Type of organizat		Description of readionship			
	N/A		ļ -					
							_	
		···						
				·				
							6	
				_				
	 							
		-						