Form

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

Depa Interr	rtment of	the Treasury us Service The organization may have to use a copy of this return to service.	dation) satisfy sta	te reporting requireme	nts.	Open to Public Inspection
-		2007 calendar year, or tax year beginning, and ending				
В	Check if app				D Emplo	yer identification number
	Address cha				23-	-7322143
\Box	Name chan	I I FOTENING OF RAINOR LAKE	_			hone number
\exists		type. Number and street (or P.O. box if mail is not delivered to street address	is)	Room/suite		5-256-7146
Ξ	Initial return	Specific 1160 OTTER CREEK ROAD			F Accou	ınting method: X Cash
\square	Termination	instruc- City or town, state or country, and ZIP + 4		:	Accru	al Other (specify)
	Amended re				<u> </u>	
	Application	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	H and	I are not applicable to se	ction 527 org	
_		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	1 '	Is this a group return for	_	Yes X No
<u>G</u>	Website	: \ WWW.RADNORLAKE.ORG	-1	If "Yes," enter number o		
		ation type	1 ''	Are all affiliates included		Yes No
	(check c	only one) ► X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		(If "No," attach a list. See ins	· ·	
K	Check he	re if the organization is not a 509(a)(3) supporting organization and its gross	H(d)	Is this a separate return	-	
	receipts a	re normally not more than \$25,000. A return is not required, but if the organization chooses	-	organization covered by		ng? Yes No
	to file a re	eturn, be sure to file a complete return.	<u>-</u> -	Group Exemption Nu		
-		264.30		Check ▶ ☐ if the	•	•
		eceipts: Add lines 6b, 8b, 9b, and 10b to line 12 264, 38		to attach Sch. B (For		HEZ, or 990-PF).
<u> </u>	art I		salance	s (See the Instru	cuons.)	
ı	1	Contributions, gifts, grants, and similar amounts received:	1 4. 1			
	a	Contributions to donor advised funds	1a 1b	143,73	7	
	Ь	Direct public support (not included on line 1a)	-	57,34	(40404040000000000000000000000000000000	
	C	Indirect public support (not included on line 1a)	1c	10,00	0300000000	
	ď	Government contributions (grants) (not included on line 1a)				211,079
	е	Total (add lines 1a through 1d) (cash \$ 211,079 noncash \$)		211,013
	2	Program service revenue including government fees and contracts (from Part VII, li		• • • • • • • • • • • • • • • • • • • •	· 	
	3	Membership dues and assessments			·	
	4	Interest on savings and temporary cash investments			· 	9,049
	5	Dividends and interest from securities	1 1			3,013
	6a	Gross rents	1 64 1		-	
	Ь	Less: rental expenses Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe >			7	
en Ine	8a	Gross amount from sales of assets other (A) Securities	1	(B) Other	· .	
Revenue	\ °°		8a	(5) 000.	7	
Š	۱ ہ	than inventory Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		- · , · · · . · . · . · . · . · 	8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, che				
	a	Gross revenue (not including \$ of				
	-	contributions reported on line 1b)	9a	31,11	.5	
	ь	Less: direct expenses other than fundraising expenses			\neg	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	31,115
	10a	Gross sales of inventory, less returns and allowances		13,14	2	
	ь	Less: cost of goods sold	1 444 1	11,85	3	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b fr	om line 10	Oa Stmt 1	10c	1,289
	11	Other revenue (from Part VII, line 103)				
	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
ses	14	Management and general (from line 44, column (C))	.		. 14	40,039
Expenses	15	Fundraising (from line 44, column (D))	. 		15	24,049
EXF	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
Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))				2,129,379
		Other changes in net assets or fund balances (attach explanation)			20	0
<u>5</u>						A
Net Net	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20 y Act and Paperwork Reduction Act Notice, see the separate			21	2,251,360 Form 990 (2007)

	s must con	mplete column (A). Co	olumns (B), (C), and (E	 are required for secti optional for others. (Se 	on 501(c)(3) and (4)
Tulictional Expenses	lo secue.	1 4547 (a)(1) Honexemp	-	_	
Do not include amounts reported on line		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.				and general	
22a Grants paid from donor advised funds (attach schedule)] [
(cash \$)	_				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)					
(cash \$)					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach					
schedule)	23		·		
24 Benefits paid to or for members (attach	1				
schedule)	24				
25a Compensation of current officers, directors,					
key employees, etc. listed in		F.C. 515	00 607	22 607	11 202
Part V-A See Statement 2	25a	56,517	22,607	22,607	11,303
b Compensation of former officers, directors,		· ·			
key employees, etc. listed in					
Part V-B	25b				
c Compensation and other distributions, not included above,		İ			
to disqualified persons (as defined under section	1				
4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included					ļ
on lines 25a, b, and c	26				
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines	1 1				
25a – 27	28				
29 Payroll taxes					
30 Professional fundraising fees	30				
31 Accounting fees		6,300		6,300	
32 Legal fees					
33 Supplies		870		435	435
34 Telephone		2,260		1,130	1,130
35 Postage and shipping	35				
36 Occupancy		1,300		650	650
37 Equipment rental and maintenance	37				
38 Printing and publications					
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest					
42 Depreciation, depletion, etc. (attach schedule)	42		_		
43 Other expenses not covered above (itemize):					
a See Statement 3	43a	63,304	43,856	8,917	10,53
b					
С	40-1				
d	42.4				
е	45				
f					
_	42=	-		<u> </u>	
g	\ 				
through 43g. (Organizations completing					
columns (B)-(D), carry these totals to lines					
13-15)	44	130,551	66,463	40,039	24,049
Joint Costs. Check ▶ if you are following SOP 98-2.	-11		, 33,202		
Are any joint costs from a combined educational campaign and	d fundrais	ing solicitation reported	d in (R) Program sensi	res?	Yes X No
				ces?	
(iii) the amount allocated to Management and general \$			unt allocated to Fundralsin		<u> </u>
Time an autopared to management and delictar a		, and firy the amor	unocated to a unualish	. ₅	

Form 990 (2007) FRIENDS OF RADNOR LAKE 23-7322143 Page 3 Statement of Program Service Accomplishments (See the instructions.) Part III 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 12,771 (Grants and allocations If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

66,463 Form 990 (2007)

(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)

Total liabilities and net assets/fund balances. Add lines 66 and 73 71 7 138 164 799'897'7 2,251,360 67E, 62L, 2 70 through 72. (Column (A) must equal line 19 and column (B) must Net Assets or Fund Balances Total net assets or fund balances. Add lines 67 through 69 or lines 73 Retained earnings, endowment, accumulated income, or other funds 7.5 Paid-in or capital surplus, or land, building, and equipment fund 11 14 04 Capital stock, trust principal, or current funds 07 complete lines 70 through 74. Organizations that do not follow SFAS 117, check here Permanently restricted 69 89 Temporarily restricted Z98'LT 89 4,245 867'887'7 751,25,134 ۷9 .47 bns £7 send lines 73 and 74. Organizations that follow SFAS 117, check here 🕨 🗓 and complete lines Total liabilities. Add lines 60 through 65 20E'L 99 ST8'8 Other liabilities (describe 99 92 £99'L Mortgages and other notes payable (attach schedule) **9**79 Tax-exempt bond liabilities (attach schedule) 643 (əinbədəs Loans from officers, directors, trustees, and key employees (attach €9 Deferred revenue 79 62 Grants payable 19 19 Accounts payable and accrued expenses 09 09 Z0E,7 Z9Z'T Total assets (must equal line 74). Add lines 45 through 58 69 799'897'7 7' 738' 764 E99'L (describe ▶ See Statement 6 89 Other assets, including program-related investments 88 **978** 57c b Less: accumulated depreciation (attach Land, buildings, and equipment: basis 57a Investments—other (attach schedule) 99 гсредије) 1,837,214 1,841,532 181'0E 22P See Statement 5 b Less: accumulated depreciation (attach equipment: basis 968'L98'T 553 Investments—land, buildings, and egg Investments—other securities (attach schedule) Cost 24P LWΛ q Investments—publich-traded See Statement secunities 249 ŁWΛ 543 Prepaid expenses and deferred charges Inventories for sale or use 886 25 686't Less: allowance for doubtful accounts 210 Sia scpequie) Other notes and loans receivable (attach persons described in section 4958(c)(3)(B) (att. schedule) **20P** Receivables from other disqualified persons (as defined under section 4958(f)(1)) and key employees (attach schedule) 503 Receivables from current and former officers, directors, trustees, and 509 Grants receivable 61 Less: allowance for doubtful accounts q 28t 48b £84 Pledges receivable **684** b Less: allowance for doubtful accounts 13,304 989'51 47b Accounts receivable 67*4* 73,304 67A Savings and temporary cash investments 97 95 Cash—non-interest-bearing 97 902'407 97 768,534 column should be for end-of-year amounts only. End of year Beginning of year Where required, attached schedules and amounts within the description :ejoN VITHE Balance Sheets (See the instructions.)

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-orm	990 (2007) FRIENDS OF RADNOR HARE	23-132			rage s
Pa	rt IV-A Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per Re	turn (S	ee the
	instructions.)				
a	Total revenue, gains, and other support per audited financial statements			a	252,532
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2					
3					
4	Other (specify):				
		1 1			
	Add lines b1 through b4			ь	
С	Subtract line b from line a			С	252,532
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	1 1			
	Add lines d1 and d2			d	
e	Total revenue (Part I, line 12). Add lines c and d			e	252,532
P	Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per l	Return	
a	Total expenses and losses per audited financial statements			a	124,712
b	Amounts included on line a but not Part I, line 17:	_			
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20				
4					
		b4			
	Add lines b1 through b4	•		b	
С	Subtract line b from line a			С	124,712
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2					
	Other (specify): See Statement 8	d2	5,839		
	Add lines d1 and d2			d	5,839
е	Total expenses (Part I, line 17). Add lines c and d	<u></u>	>	е	130,551
0	Current Officers Directors Trustees and Key Employ			ficer dire	ctor trustee

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.)

(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	0
JOHN HARDCASTLE	NASHVILLE	VICE PRES			
4209 SNEED ROAD	TN 37205	0	0	0	0
DON SHRIVER	NASHVILLE	TREASURER			Ì
3909 TRIMBLE RD	TN 37215	. 0	0	0	0
KAREN DAVIS	NASHVILLE	SECRETARY	1		ļ
4400 BELMONT Pk Terr	TN 37215	0	<u> </u>	0	0
	·····				
·					

Form 9	90 (2007) FRIENDS OF RADNOR LAKE	23-7322	143		Pag	<u>je 6</u>
	V-A Current Officers, Directors, Trustees, and Key Employ	rees (continued)			Yes N	No_
	Enter the total number of officers, directors, and trustees permitted to vote on organization		rd			
	neetings	>				
	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, o	r highest compensate	đ			
	employees listed in Schedule A, Part I, or highest compensated professional and oth					
	contractors listed in Schedule A, Part II-A or II-B, related to each other through family	or business				
	relationships? If "Yes," attach a statement that identifies the individuals and explains			[]	75b	X
	elationships: it res, attach a statement that identifies the movied as and explains					
	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, o	highest				
С	compensated employees listed in Schedule A, Part I, or highest compensated profes	cional and other				
	independent contractors listed in Schedule A, Part II-A or II-B, receive compensation					
	organizations, whether tax exempt or taxable, that are related to the organization? So	e the instructions for		**	75c	X
	the definition of "related organization."				750	
	If "Yes," attach a statement that includes the information described in the instructions			<u>*</u>		X
	Does the organization have a written conflict of interest policy?					
Pa	t V-B Former Officers, Directors, Trustees, and Key Emplo	yees That Receiv	ea Compe	insation or Oti	ier Beneti	its
	(If any former officer, director, trustee, or key employee received compe				ear, list that	
	person below and enter the amount of compensation or other benefits in	the appropriate colum			1 75 5	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expension	
		(-,	enter -0-)	compensation plans	allowance	
N/						
					 	
			}			
					ļ	
					<u> </u>	
9000000000						
Pa	rt VI Other Information (See the instructions.)		.		Yes	No
76	Did the organization make a change in its activities or methods of conducting activit					
	detailed statement of each change				76	<u>X</u>
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.			l		
78a	Did the organization have unrelated business gross income of \$1,000 or more during	g the year covered by		ı		
	this return?				78a X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?				78b X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during th					
	a statement			<u>[</u>	79	X
80a	Is the organization related (other than by association with a statewide or nationwide					
	common membership, governing bodies, trustees, officers, etc., to any other exemp	t or nonexempt				
	organization?	•			80a	X
b	If "Yes," enter the name of the organization					
-	and check v	hether it is exen		nexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)		81a	0		
b	Did the organization file Form 1120-POL for this year?				81ь	X
	——————————————————————————————————————	 		<u> </u>		

Form	990 (2007) FRIENDS OF RADNOR LAKE	23-7322143		F	age 7
**********	(V) Other Information (continued)			Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities	s at no charge			·
	or at substantially less than fair rental value?		82a	ļ	X
ь	If "Yes," you may indicate the value of these items here. Do not include this				
_	amount as revenue in Part I or as an expense in Part II.				
	(See instructions in Part III.)	82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contrib	/-	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such of				
-	gifts were not tax deductible?	N7 / 2	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless				
	received a waiver for proxy tax owed for the prior year.				
С	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	1 1			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			1	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	l l			1
q	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	/-	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount of the section for the section				
••	to its reasonable estimate of dues allocable to nondeductible lobbying and political expendit				
	following toy year?	N/2	4 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				
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a			
b.	Gross income from other sources. (Do not net amounts due or paid to other				
-	sources against amounts due or received from them.)	876			
882	At any time during the year, did the organization own a 50% or greater interest in a taxable			1	
, 000	partnership, or an entity disregarded as separate from the organization under Regulations s				
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entit				\top
	meaning of section 512(b)(13)? If "Yes," complete Part XI		► 88b	<u></u>	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year				
		ection 4955 ▶ 0			
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess bene	efit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year?				
	a statement explaining each transaction		891	,	X
С	Enter: Amount of tax imposed on the organization managers or disqualified				
	persons during the year under sections 4912, 4955, and 4958	.	2		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization)		
е	All organizations. At any time during the tax year, was the organization a party to a prohibite			1	
	transaction?		896	,	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 fund	ls. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess b	usiness holdings			
	at any time during the year?	.,,,	. 89 <u>c</u>	1	<u> </u>
90a					
b	Number of employees employed in the pay period that includes March 12, 2007 (See	1 1			
	instructions.)				
91a	The books are in care of	Telephone no.			
	Located at				
þ					Т
	over a financial account in a foreign country (such as a bank account, securities account, o			Yes	No X
	account)?		1333733	2	1
		of Egraina Bank		1	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report	or oreign bank			
	and Financial Accounts.		E00000	90 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>

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Part					-		1	res No
	at any time during the calendar year, did the		in office outsi	de of the United State	s?		91c	Х
it	f "Yes," enter the name of the foreign country	,						_
92 5	f "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trus and enter the amount of tax-exempt interest r	ts filing Form 990 in lie	u of Form 10	041—Check here		·		_ ▶ 📙
a	and enter the amount of tax-exempt interest r	eceived or accrued du	ring the tax y	ear		▶ 92		
Part	VII Analysis of Income-Proc	lucing Activities	(See the i	nstructions.)				
Note: E	Enter gross amounts unless otherwise		Unrelated	business income	Excluded	by section 512, 513, or 514	(E Relate	.)
indicate	ed.		(A) usiness code	(B) Amount	(C) Exclusion	(D) Amount	exempt f	
93 F	Program service revenue:		Janess code	Allouit	code	701100111	inco	
a _	OTHER SERVIES							
b _								
c _								
d _								
е _								
	Medicare/Medicaid payments							
g F	Fees and contracts from government agencies	es						
94 1	Membership dues and assessments						<u> </u>	
	nterest on savings and temporary cash inves							
96 [Dividends and interest from securities		110000	9,049	1			
97 1	Net rental income or (loss) from real estate:							
a c	debt-financed property	. .		<u>.</u>				
b i	not debt-financed property					<u></u>		
98 1	Net rental income or (loss) from personal pro	perty						
99 (Other investment income							
	Gain or (loss) from sales of assets other thar							
101	Net income or (loss) from special events				1	31,115		
102	Gross profit or (loss) from sales of inventory				_			1,289
103	Other revenue: a							
b .	See Statement 9			·				
С								
d .								
e							<u> </u>	
104	Subtotal (add columns (B), (D), and (E))			9,049		31,115		1,289
105	Total (add line 104, columns (B), (D), and (E	E))				 	4	1,453
Note:	Line 105 plus line 1e, Part I, should equal the							
Par	t VIII Relationship of Activitie	es to the Accomp	<u>lishment</u>	of Exempt Purpo	oses (S	ee the instruction	<u>ıs.)</u>	
Lin	e No. Explain how each activity for wh				d importa	ntly to the accomplish	ment	
	▼ of the organization's exempt pur	poses (other than by p	providing fund	is for such purposes).				
_N/	A							
000000000000								
Pai	TIX Information Regarding		aries and		ities (S			
Na 	(A) ame, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	, N	(C) lature of activities		(D) Total income	(E) End-of- asse	year
	N/A		%					
			%					
			%					
			%					
Pa	rt X Information Regarding	Transfers Assoc	iated with	Personal Benef	it Conti	racts (See the ins	tructions	.)
) Did the organization, during the year, rece						Ye	
	o) Did the organization, during the year, pay ote: If "Yes" to (b), file Form 8870 and Form			a personal benefit con	tract?		Ye	s X No
					-		Form	990 (2007)

Part XI	Information Regarding Transfers To is a controlling organization as define			ntities. Comple	ete only	if the	organiza	ation	
	is a controlling organization as domin	<u> </u>	12(0)(10).					Yes	No
106 Did the	e reporting organization make any transfers to a con	trolled entity as def	ined in sectio	n 512(b)(13) of					
the Co	de? If "Yes," complete the schedule below for each	controlled entity.							X
	(A) Name, address, of each	(B) Employer ID		(C) Description	of		Am	(D) ount of tr	ransfer
	controlled entity	Number		transfer					
a									
ь								_	
с									
	Totals								
								Yes	No
	e reporting organization receive any transfers from ()(13) of the Code? If "Yes," complete the schedule b	· · · · · · · · · · · · · · · · · · ·		section					x
	(A)	(B)		(C)					
	Name, address, of each controlled entity	Employer ID Number	· · · · · · · · · · · · · · · · · · ·				Am	(D) Amount of trans	
a									
b									
с									
	Totals								
	e organization have a binding written contract in effe		006, covering	the interest,				Yes	No
rents,	royalties, and annuities described in question 107 a								
Please Sign	Under penalties of perjury, I declare that I have examined and belief, it's true, correct and complete. Declaration of	this return, including preparer (other than o	accompanying officer) is based	schedules and stateme I on all information of w	ents, and to which prepar	the best rer has a	of my knowle ny knowledg	edg e e.	
Here	Signature of officer Ellen Incmas, Executive Ada Type or print name and title	nuistrator				Date	8/14/	08	
Paid	Preparer's signature	ard		Date 8/11/08	Check if self- employed	▶ [er's SSN o Sen. Instr. X	
Preparer's Use Only	Firm's name (or yours ACCURATE AND		SERVICE			EIN	>		
USE Offig	if self-employed). address, and ZIP + 4 NASHVILLE,		C			Phone		256-	7146
						.10.			·

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 4947(a)(1) Nonexempt Charitable Trust

2007

OMB No. 1545-0047

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 (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl. benefit plans account and other (c) Compensation than \$50,000 per week devoted to position & deferred comp. allowances NONE 0 Total number of other employees paid over \$50,000 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 Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over

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

Schedule A (Form 990 or 990-EZ) 2007

\$50,000 for other services

amounts in such funds or accounts

Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2007

Part	V Reason for Non-Private Foundate	tion Status (See p	ages 4 through 8 o	of the instru	ctions.)						
certify 5	that the organization is not a private foundation beca A church, convention of churches, or association			x.)							
6	A school. Section 170(b)(1)(A)(ii). (Also complete	Part V.)									
7	A hospital or a cooperative hospital service organ	ization. Section 170(b)(1	I)(A)(iii).								
8 [A federal, state, or local government or governme	ental unit. Section 170(b))(1)(A)(v).								
9 [A medical research organization operated in conju	unction with a hospital. S	Section 170(b)(1)(A)(iii).	Enter the hos	pital's name, c	eity,					
	and state ▶										
10 [An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)										
11a [An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)										
11Ь [A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)										
12 [An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)										
13	requirements of section 509(a)(3). Check the box that describes the type of supporting organization:										
		<u> </u>			instructions \						
_	Provide the following informa (a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	e page 6 or the (d Is the su organizatio the sup organiz governing d	pported in listed in porting ation's	(e) Amount of support					
				Yes	No						
RA	DNOR LAKE NATURAL AREA		8	х							
-											
Total	Total										
14	An organization organized and operated to test f	or public safety. Section	509(a)(4). (See page 8	of the instruction	ons.)						

RADNOR 08/11/2008 2:37 PM Schedule A (Form 990 or 990-EZ) 2007 FRIENDS OF RADNOR LAKE 23-732214

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

Note:	Too may use the worksheet in the instruct	ions for conversing from	ir the accidanto the cas	sir memod or accounting	<u> </u>	
Calen	dar year (or fiscal year beginning in)	(a) 2006	(ь) 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		ļ			
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					İ
	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					<u> </u>
21	The value of services or facilities furnished to the organization by a governmental unit					
	without charge. Do not include the value of	ļ				
	services or facilities generally furnished to the					
22	public without charge Other income. Attach a schedule. Do not		 	-		
	include gain or (loss) from		•			
23	sale of capital assets					
24	Line 23 minus line 17					
25	Enter 1% of line 23					
26	Organizations described on lines 10 or	r 11: a Enter 2% of	amount in column (e)	line 24	▶ 26a	
	Prepare a list for your records to show the					
_	governmental unit or publicly supported o		•	•		
	amount shown in line 26a. Do not file thi	,	•		▶ 26b	
С	Total support for section 509(a)(1) test: E					
d	Add: Amounts from column (e) for lines:	18				
		22	26b		▶ 26d	
е	Public support (line 26c minus line 26d to	tal)				
f	Public support percentage (line 26e (n					%
27	Organizations described on line 12:	a For amounts inclu	ided in lines 15, 16, an	d 17 that were received f	rom a "disqualified	
	person," prepare a list for your records to	show the name of, and	d total amounts receive	ed in each year from, eac	h "disqualified person.	
	Do not file this list with your return. Er	nter the sum of such an	nounts for each year:			N/A
	(2006)	2005)	(2004	4)	(2003)	
b	For any amount included in line 17 that w	as received from each	person (other than "dis	squalified persons"), prep	are a list for your reco	ords to
	show the name of, and amount received		=	• •	• • • •	•
	(Include in the list organizations describe					
	the difference between the amount receive	ed and the larger amo	unt described in (1) or	(2), enter the sum of the	se differences (the exc	
	amounts) for each year:					N/A
	(2006) (2	2005)	(200-	4)	(2003)	
С	Add: Amounts from column (e) for lines:	15	16		. 1	1
	17	20				
đ		and line 27			27d	
e	•• • • • • • • • • • • • • • • • • • • •				▶ 27e	
f						
g	,, , , , , , ,					
h	Unusual Grants: For an organization de					%
20	prepare a list for your records to show, for				-	
	description of the nature of the grant. Do	•			·	

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes No 29 other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, 30 programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 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.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 33a 33b Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? 33f Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement. 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

Sci	hedule A (Form 990 or 990-EZ) 2007 F	RIENDS OF R	ADNOR LAKE		_	23-	732	214	13 Page 6
	Part VI-A Lobbying Expend	litures by Electing ONLY by an eligib	Public Charities				uctior I/A	າຣ.)	
Ch		ngs to an affiliated group					limited	contr	ol" provisions apply.
	Limits or	n Lobbying Expen	ditures			(a) Affiliated g totals			(b) To be completed for all electing
	(The term "expendi	tures" means amounts j	paid or incurred.)						organizations
36	Total lobbying expenditures to influence	public opinion (grassro	ots lobbying)		36				
	Total lobbying expenditures to influence				37				
38	Total lobbying expenditures (add lines 3	6 and 37)			38				
				 	39				
40	Total exempt purpose expenditures (ad	d lines 38 and 39)	******		10				
41	Lobbying nontaxable amount. Enter the	amount from the following	ing table-						
	If the amount on line 40 is-		ontaxable amount is-	¬					
	Not over \$500,000		on line 40						
	Over \$500,000 but not over \$1,000,000	· · · · · · · · · · · · · · · · · · ·		,					
	Over \$1,000,000 but not over \$1,500,000			10000	11			********	
	Over \$1,500,000 but not over \$17,000,000			00000					
	Over \$17,000,000	\$1,000,000]					
	Grassroots nontaxable amount (enter 2				12				
	Subtract line 42 from line 36. Enter -0- i				43				<u> </u>
44	Subtract line 41 from line 38. Enter -0- i	f line 41 is more than lin	e 38		44			A00000000	
_	Caution: If there is an amount on eithe								
			aging Period Unc		-	-			
	(Some organizati	ons that made a section		-			lumns t	pelow	<i>1</i> .
_		See the instructions for	r lines 45 through 50 or	n page 13 of the	e instruc	ctions.)			
_			Lobbying Expe	nditures Durir	ng 4-Ye	ar Averagir	ng Peri	od	
	Calendar year (or	(a)	(b)	(c)		(d)		(e)
	fiscal year beginning in)	2007	2006	2005		20	04		Total
45	Lobbying nontaxable amount								
_	Lobbying ceiling amount (150% of						010000		
	line 45(e))	•							
_									
<u>47</u>	Total lobbying expenditures								
48	Grassroots nontaxable amount								
	Grassroots ceiling amount (150% of								
73	line 48(e))								
_	mic 40(c))								
50	Grassroots lobbying expenditures]					
		y by Nonelecting	Public Charities	· L					
ANA		ly by organizations		plete Part V	'I-A) (S	See page	14 o	f the	instructions.) N/A
Di	uring the year, did the organization attem								
	empt to influence public opinion on a leg						Yes	Νo	Amount
	- Malumba and					i			
	b Paid staff or management (Include c								
	** "	· · · · · · · · · · · · · · · · · · ·							
	d Mailings to members, legislators, or	vi							
	e Publications, or published or broadca								
	f Grants to other organizations for lobl								
	g Direct contact with legislators, their s	• • • • • • • • • • • • • • • • • • • •							
	h Rallies, demonstrations, seminars, c								
	i Total lobbying expenditures (Add line								
	If "Yes" to any of the above, also atta								

1	٥.	30	_	7
	_	10	-	•

Pa			_	nsfers To and Transaction e page 14 of the instruction	s and Relationships With Noncharitab	le		
51			_					
Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
_		Transfers from the reporting organization to a noncharitable exempt organization of:						No.
а				· -		51a(i)	Yes	X X
	(i) Cash		• • • • • • • • • • •					X
				a(ii)				
þ	Other transa							**
	(i) Sales	or exchanges of assets	with a nonch	naritable exempt organization		b(i)		<u>X</u>
	(ii) Purcha	ases of assets from a n	oncharitable	exempt organization		b(ii)		<u>X</u>
	(iii) Rental of facilities, equipment, or other assets					b(iii)		_X_
	(iv) Reimbursement arrangements					b(iv)		_X_
	(v) Loans or loan guarantees					b(v)		X
	(vi) Performance of services or membership or fundraising solicitations					b(vi)		X
С	Sharing of fa	cilities, equipment, mai	iling lists, othe	er assets, or paid employees		С		X
d					(b) should always show the fair market value of the	•		
					on received less than fair market value in any			
	transaction of	or sharing arrangement,	show in colu	ımn (d) the value of the goods, othe	r assets, or services received:			
	(a)	(b)		(c)	(d)			
	Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and sharing	arrangem	ents	
N/	A							
	-							
	<u> </u>							
				<u> </u>				
						_		
52a	Is the organ	ization directly or indire	ctly affiliated	with, or related to, one or more tax-	exempt organizations			
	described in	section 501(c) of the C	Code (other th	nan section 501(c)(3)) or in section (527?	· 🗌 Y	es 🛚 🗵	No
b		nplete the following sch				_	_	_
		(a)		(b)	(c)			
	1	Name of organization		Type of organization	Description of relationship			
	N/A			·				
				·				
-							_	
				-				
_			 					
					-	_		
								
				_				