RADNOR 09/28/2010 10:42 AM

990

Department of the Treasury

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

2009 Open to Public

men	nal Revenue Servi	CO .	Fine organization may have to use a copy of this return to satisfy	State reportin	y require	mems.	Inspection				
<u>A</u>	For the 2009 cale		ar, or tax year beginning , and ending								
В	Check if applicable	Please	C Name of organization	l	D Emplo	oyer Identification number					
1	otress change	use IRS label or	FRIENDS OF RADNOR LAKE				B200140				
1	lame change	print or	Doing Business As				-7322143				
1	nitial return	type. See	Number and street (or P.O. box if mad is not delivered to street address)	Room/su	ite	E Telephone number					
		Specific	1160 OTTER CREEK ROAD		61:	5-256-7146					
	Termination	instruc-	City or town, state or country, and ZIP + 4	1	G Gross reco	pipts \$ 538,480					
	Amended return	tions.	NASHVILLE TN 37220								
	Application pending	F Name	and address of principal officer.		1	H(a) Is this	a group return for				
					1	tsilife H(b) Are al	aftifiates				
						includ	ed? Yes No				
		37				if "No.	* attach a list (see instructions)				
	Tax-exempt statu		501(c) (3) ◀ (insert no.) 4947(a)(1) or 527								
_			RADNORLAKE, ORG	1	!	H(c) Group	exemption number				
	Type of organization:			L Year of form	nation		M State of legal domicile				
		umma									
	,		he organization's mission or most significant activities:		<u> </u>						
9	1	•	ON, MAINTENANCE, AND IMPROVEMENT OF RADNOR I	. 			• • • • •				
Jan	1		S NATURAL ENVIRONMENT, HABITAT, FACILITIES,	and the second section in the second	PMENT	AND 7	ro				
Į,			THE GENERAL PUBLIC ON THE IMPORTANCE OF THE	· · · · · · · · · · · · · ·							
စ္ပိ	2 Check th			on 25% of its n	et assets	1 1					
05			members of the governing body (Part VI, line 1a)			3	25				
ties			endent voting members of the governing body (Part VI, line 1b)				25				
Activities & Governance			employees (Part V, line 2a)	. 	· · · · · · ·	. 5	2				
Ac	6 Total nur	mber of	volunteers (estimate if necessary)		. 6	1000					
	7a Total gro	ss unrel	ated business revenue from Part VIII, column (C), line 12								
	b Net unre	lated bu	siness taxable income from Form 990-T, line 34	 	5-1 V	7b	0				
	8 Contribu	tions an	d grants (Part VIII, line 1h)	 	Prior Yea	7,169	Current Year 533,026				
000	1		roughus (Part VIII, line 3e)			1,705	533,026				
Revenue			no (Part VIII, column (A), lines 2, 4, and 74)		7,163	1,854					
æ			Part VIII, column (A), lines 5, 4, and 76)		-322	3,600					
	12 Total rev	enue -:	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28	3,715	538,480				
_			ar amounts paid (Part IX, column (A), lines 1–3)	20	3, 113	230,400					
			ne for mambare (Part IV, column (A), tipe 4)								
			ompensation, employee benefits (Part IX, column (A), lines 5–10)	5.0	9,036	59,858					
Expenses	16a Professi	nnal fuo			<u> </u>	2,030	37,636				
ped	1		expenses (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) 13,490	• • • •							
Ä	ſ	_	(Part IX, column (A), lines 11a–11d, 11f–24f)		19	9,485	85,193				
			Add lines 13–17 (must equal Part IX, column (A), line 25)			3,521	145,051				
			penses. Subtract line 18 from line 12			0,194	393,429				
S S			portion of the first that the first	Beginn	ing of Cun	rent Year	End of Year				
Net Assets or Fund Balances	20 Total ass	sets (Pa	rt X, line 16)			5,303	3,434,268				
A S	21 Total liab	oilities (F	Part X, line 26)			5,465	804,542				
_		ets or fur	nd balances. Subtract line 21 from line 20		2,24	0,838	2,629,726				
<u>_P</u>	art II Si	ignatu	re Block								
	Un	der pena	lties of perjury. I declare that I have examined this return, including accompanying sche-	dules and staten	ents, and	to the best	of my knowledge				
	an an	o betel, r	is true, correct, and complete. Declaration of preparer (other than officer) is based on a	all information of	which prep	parer has ar	ny knowledge				
Sig	, ,										
Here		Signati	ure of officer		_	Oate					
		Туре о	r print name and title								
Dai	id Pr	eparer's	Da	ate	Check	f	Preparer's identifying number				
Preparer's Signature Gudy Sygard 09/28/10 Section 109/28/10 Sectio						ed 🕨	(see instructions)				
		m's name	Acturate Income Tax Service	<u> </u>		EIN	-				
US	if s	elf-emplo	yed) 2606-C Eugenia Ave			Phone					
_			Nashville, TN 37211				615-256-7146				
May	the IRS discus	ss this re	eturn with the preparer shown above? (see instructions)				Yes No				
For	Privacy Act as	nd Pape	rwork Reduction Act Notice, see the separate instructions.				Form 990 (2009)				

orm 990 (2009) FRIENDS OF RA	DNOR LAKE	23-7322143	Page 2
Part III Statement of Program	Service Accomplishments		
1 Briefly describe the organization's mission			
PROTECTION, MAINTENAN			NATURAL
AREAITS NATURAL ENV	IRONMENT, HABITAT,	FACILITIES, AND EQUIPM	ENT AND TO
EDUCATE THE GENERAL F	OBLIC ON THE IMPOR	TANCE OF THE AREA.	*******
2 Did the organization undertake any signi	firsh program services during the year	which were not listed on	
the prior Form 990 or 990-EZ?	neart program services outling the year	which were not iisted on	Yes X No
If "Yes," describe these new services on	Schedule O.	********************************	165 22 140
3 Did the organization cease conducting, of	r make significant changes in how it co	inducts, any program	
services?			Yes X No
If "Yes," describe these changes on Schi	edule O.		
4 Describe the exempt purpose achievement	•		
		required to report the amount of grants and	
allocations to others, the total expenses,	and revenue, if any, for each program	service reported.	
4a (Code.) (Expenses \$	72,479 including grants	of \$	
MAINTENANCE, PROTECTI	ON TMPROVEMENT OF	of \$) (Revenue \$ NATITRZAT.	
ENVIRONMENT, HABITAT,			• • • • • • • • • • • • • • • • • • • •
VIA LAND ACQUISITION			e de la companya della companya dell
		•••••	
	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •
			· • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •	
			• • • • • • • • • • • • • • • • • • • •
4b (Code:) (Expenses S	6,067 including grants	of \$) (Revenue \$	
EDUCATIONAL & ENVIRON		GLE SCOUT PROJECTS,	
ENVIRONMENTAL ED, ANI	NEWSLETTER		

	•••••••••••••••••••••••••••••••••••••••	•••••••••••	
· · · · · · · · · · · · · · · · · · ·		•••••••••••••••••••••••••••••••••••••••	
		******	*******
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* ** *** *** ** *** *** ***			
	· · · · · · · · · · · · · · · · · · ·	********	*******
	10.400		
4c (Code:) (Expenses \$ CONTINUE TO SUPPORT F	12,492 including grants RADNOR LAKE STATE P	of \$ (Revenue \$	
PROGRAMS STATE DOES 1		ARK WIIH ANGER PROGRAMS	
AND OTHER PARK SUPPOR		IMOUN PROGRAMD	
	FF		
		• • • • • • • • • • • • • • • • • • • •	***
		***************************************	* * * * * * * * * * * * * * * * * * * *

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		•••••••••••••••••••••••••••••••••••••••	
4d Other program services. (Describe in Sc	hedule O \		
(Expenses S	including grants of \$) (Revenue S	1
4e Total program service expenses ▶	91,038	1 0.00000	

<u>Pa</u>	rt IV Checklist of Required Schedules			
		!	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."	- 1		
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		- 1	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	- 1	l	
-	notice and reporting requirement and proxy tax? If "Yes," complete Schedula C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		I	
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedu'e D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
v		8	ı	X
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		- 1	
	A Company of the Comp	9	1	х
40	Complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or			
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
	ts the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
11		11	х	
	VII, VIII, IX, cr X as applicable	'' 	<u> </u>	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			İ
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			i
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets	- {		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	i		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the lax year? If "Yes," complete			$oxed{oxed}$
	Schedule D. Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yos No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	- 1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	- 1		İ
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			1
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
••	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Old the organization report a total of more than \$15,000 of expenses for professional fundraising services			
**	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			\Box
	Part VIII, lines 1c and Ba? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
10		19		x
20	If "Yes," complete Schedule G, Parl III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
<u>20</u>	Die die diedatzaben operate die di mote nostitets; il Tes. Complete dutetate fi	1 20	<u> </u>	, 42

			Yes	N
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	i I		•
	United States on Part IX, column (A), line 2? If "Yes," complete Schedulc I, Parts I and III	22		_}
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			_
	employees? If "Yes," complete Schedule J	23		
3	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			١.
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		
,	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		2
ı	Oid the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	24d		_:
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			Ì
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
,	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		-	
•	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		١
	990-EZ? If "Yes," complete Schedule L, Part I	25b		_
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			Ī
	disqualified person outstanding as of the end of the organization's lax year? If "Yes," complete Schedule L, Part II	26		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			Γ
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27	1	į
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<u> </u>	 	T
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			l
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		l
ì	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	100		t-
)		28b	1	
	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	1		Ť
:	tamely member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L.		1	ļ
		28c	i	
	Part IV	29	X	†
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		·	-
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		l
	conservation contributions? If "Yes," complete Schedule M	130	┼─	t
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1 24		l
	Part I	31	╁	+
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	,,	i	1
	Schedule N, Part II	32	-	╁
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			I
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	┨──	╬
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	١	1	١
	U.IV. and V. line 1	34	-	+
	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			l
	Schedule R. Part V. line 2	35	╀	4
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			ļ
	organization? If "Yes," complete Schedule R, Part V, line 2	36		!
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	1
	Part VI	37	 	4
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			1
	19? Note, All Form 990 filers are required to complete Schedule O.	38		

	1 1	If Yes," enler the amount of tax-exempt interest received or accrued during the year	q
	129	1 " 1	621
	[" -	amounts due or received from them.)	
		l · l	q
	-		e
1	1 1	Section 501(c)(12) organizations. Enter:	L
	1 -	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	q
	-	finitiation fees and copital contributions included on Part VIII, line 12	e
	1	Section 501(c)(7) organizations. Enter	0
	1 00		q
	96	and the second of the second o	e
	66	Sponsoring organizations maintaining donor advised funds.	6
	4_1	organization, have excess business holdings at any time during the year?	·
	8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	
		Sponsoring organizations maintaining donor advised funds and socilon 509(a)(3) supporting	8
		required?	۰
i	42	For contributions of case, boats, airplanus, and other vehicles, did the organisation file a Form 1099-C as	ч
	╧		6
	62	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	Ĭ
	32	Decrease connection, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,
	97	Denetic contract?	
		Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	
1		11 "Yes," indicate the number of Forms 8282 filed during the year	þ
	٦٢	required to the Form 8282?	_
	! !	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was	
T	q7	If 'Yes," did the diganization notify the donor of the value of the goods or services provided?	q
	u/	Stoyed of the payores one	
1	1 1	Did the organization receive a payment in excess of S75 made partly as a contribution and partly for goods	
1	1 1	Organizations that may receive deductible contributions under section 170(c).	4
1	q9	girls were not tax deductible?	
		if "Yes," dia the organization include with every solicitation an express statement that such contributions or	q
	69	organization solicit any contributions that were not tax deductible?	
		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Ę
1	25	Prohibited Tax Sheller Transaction?	
1		if 'Yes,' to fine 5a or 5b, did the organization file Form 8889-T. Disclosure by Tax-Exempt Entity Regarding	Э
	qg	Old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	q
-	23	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Ľ
`		and Financial Accounts.	
1	-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	
1	1	If "Yes," enter the name of the foreign country: ▶	q
_	- ep	account)?	
۱ ۲	1	סיפר, a financial account in a fereign country (such as a bank account, secutilies account, or other financial	
		At any time during the calendar year, did the organization have an interest in, or a signature or other authority	e.
-	98	Pes," has it filed a Form 990-T for this year? If "Mo," provide an explanation in Schedule O	q
-	9E	Similar sitts	
2		Did the organization have untelated business gross income of \$1,000 or more during the year covered by	¢
1	ļ	(ensituations)	
		Note. If the sum of lines has and Sa is greater than 250, you may be required to e-file this return. (see	
		if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	
1	2P	The state of the s	•
		Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Same teleurn Same	. e
		Salaning (gaildmsg) gairning (Pallamsg) Transmittel of Wage and Tax	 }
2	J.		
		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	
	- 1	The second secon	
1	}		
- 1		Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	: '
y 54	<u> </u>	V Statements Regarding Other IRS Filings and Tax Compliance	115C

Eorm !	e90 (2009) FRIENDS OF RADNOR LAKE 23-7322143		Р	age 6
	t VI Governance Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es in		
	Schedule O. See instructions.			
Sect	ion A. Governing Body and Management			
	1.125		Yes	No
1a	Enter the number of voting members of the governing bady 1a 25 1b 25			
b	Enter the number of voting members that are independent			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	1	x
	any other officer, director, trustee, or key employee?	-		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
6	Does the organization have members or stockholders?	۰		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a		x
	of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
b	Did the organization contemporaneously document the meetings held or written actions undertaken during			
В				
	the year by the following:	8a	x	
a	The governing bedy? Each committee with authority to act on behalf of the governing body?	Bb	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
	tion B. Policies (This Section B requests information about policies not required by the Internal		***************************************	-
	renue Code.)			
IVE	ende Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		1	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			1
••	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to fine 13	12a	<u> </u>	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		1	
	rise to conflicts?	12b	ļ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		1
_	describe in Schedule O how this is done	12c	-	
13	Does the organization have a written whistleblower policy?	13	 	X
14	Does the organization have a written document retention and destruction policy?	14	┦—	X
15	Did the process for determining compensation of the following persons include a review and approval by		1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
a	The state of Community Disputer on the management official	15a	-	X
b		15b	Ч—	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	-		1
16a	ingmanners relimity to estudio and estudio and estudio and estudio and estudio areas and estudio and e	1		1
	with a taxable entity during the year?	16a	4	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	İ	1	
	the organization's exempt status with respect to such arrangements?	16t	<u> </u>	
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection, Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► EMMIE THOMAS P O BOX 40324 TN 37204	· · · · ·		
1	NASHVILLE IN 37204			· · · ·

Surm 990 (2009) FRIENDS OF RADNOR LAKE Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII

Employees, and Independent Contractors Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $\$100\,000$ of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

(A) Name and Tale	(B) (C) Average Position (check all that apply)						olv)	(D) Reportable	(E) Reportable	(F) Estimated
None 3 Cities	hours per week	Individual trustee or director		Officer	Koy employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations.
ANN TIDWELL				Π						
PRESIDENT	4.00	<u> </u>	! }	_		_		0	0	0
CHARLEY HANKLA										•
VICE PRES	2.00	_		<u> </u>	_	<u> </u>	<u> </u>	0	0	0
DON SHRIVER					1			ا		
TREASURER	3.00	<u> </u>	ļ_		ــــ	↓_	ļ	0	0	0
GREER TIDWELL										^
SECRETARY	2.00	<u> </u>	<u> </u>	<u> </u>	_	1-	<u> </u>	0	0	0
KIM BARRICK	1					İ	ĺ	1		•
DIRECTOR	1.00	↓_	<u> </u>	<u> </u>	ļ	 	⊢	0	0	0
KAREN BIRD									0	0
DIRECTOR	1.00	\vdash	-	ـــ	├-	-	 	0		
LEE BOGGS		1			1	1			o	,
DIRECTOR	1.00	↓_	╄-	-	\vdash		↓_	0	<u> </u>	0
PAUL BUCHANAN					1			_	o	٥
DIRECTOR	1.00	╀	 	-	┼	-	╄	0	<u> </u>	<u> </u>
KENT COCHRAN			1		1			0	0	0
DIRECTOR	1.00	- -	╁	⊹ -	+	╂	+-	<u> </u>	<u> </u>	
ED COLE	1				İ		1	0	0	1
DIRECTOR	1.00	+	+	+-	+-		╀		0	
ROBIN CONOVER	1 00				1		1	0	0	
DIRECTOR	1.00	-	┼	+-	-		╁-	<u> </u>	0	
MARTHA COOPER	1 00		1	1				0	0	
DIRECTOR	1.00	+-	+-	+	╁	+	┼	<u> </u>		
JAY HARDCASTLE	1.00								o	d
DIRECTOR	1.00	+-	+-	+	+	╁╴	╁	 		
DIANE HAYES	1.00				1				o l) (
JEFF KING	1.00	十	 -	+	╁	+-				
DIRECTOR	2.00			1				į c	ıl d	
SAUL KOMISAR	1	+	十	+	+	1	十			
DIRECTOR	1.00							l c	ol c	
AMANDA LITTLE		+	1-	+-	+	+	十			
DIRECTOR	1.00		1				1	i c) () (
AAG										Form 990 (200)

AGII (600s) 066 mon ■ noitesinegro ant mon noisensquop ni 000,0012 ng/l enom Total number of independent contractors (including but not limited to those listed above) who received 2 (A) abothe asonard time ums!! (B) Description of services uppesuaduog (C) nobesinegro and mort nobesingamos Complete this table for your five highest compensated independent contractors that received more than \$100,000 of Section B. Independent Contractors services rendered to the organization? If "Yes," complete Schedule J for such person 9 Did any person listed on line to receive or accrue compensation from any unrelated organization for the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 7 $\overline{\mathbf{x}}$ Ent any individual listed on line 1a, is the sum of reportable compensation and other compensation from employee on line 1a? If "Yes," complete Schedule J for such individual Did the organization list any former officer, director or trustee, key employee, or highest compensated 3 $\overline{\mathbf{x}}$ ε 0 ◀ noilszinspio adl mon noissnagmon aldshodar ON **SOX** Total and individuals (Including but not limited to those based above feceived more than \$100,000 in 1b Total DIKECTOR 1.00 0 0 **LKYNK SCHKINEK** DIRECTOR 00.I 0 0 0 KOB KOBINGON DIRECTOR 00.I 0 0 0 PATSY LUCKETT institutional trusted sua textangra employee parsier cars (M:5:1039-WIEC) บดเลรานธอาจ noinsinemo noncensorion rompensorion (W-2/1099-MISC) auj anchesinegro Š nobeangmen nobeangmen mori other Average 199 etuch сошлавизиры Верэпаріе batemited amount of ami bas amsM Reportable (a) Section A. Officers, Directors, Trustees, Key Employees, and Highest Componsated Employees (continued) Part VII

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LOW 380 (2008) PRIENDS OF RADNOR LAKE

SADNOR 09/22/2010 12:36 PM

Par	rt VI	II Statem	ent of Reve	nue		·			100	
							(A) Total revenue	(B) Related or exempl function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under socions 512, 513, or 514
S S	1a	a Federated campaigns 1a								
Contributions, gifts, grants and other similar amounts				1b						
25				76,133	Į.					
5 2						,0,255			1	
뺼		d Related organizations 1d 1e Government grants (contributions) 1e				:	}			
양님					· ·					
ž ž		All other contributions							Ì	
흔뒴		and similar amounts i	net mouses above	11		56,893		Ì		
E E	g	Norcash contribution	s included in Ines 1a-	1t. \$.	3	25,000				
O G	h	Total. Add line:	s 1a-1f			> \	533,026			
9					<u>l</u>	Busn. Code				
5	2a				ſ					•
8	b			· · · · · · · · ·	· · · ·					
ខ	c			·	····· [
١٤	d				1	1				
S	e					- i				·
Ē		All other proper	ım service rever	• • • • • • • •						
Program Service Revenue					_					
-			s 2a-21							
	3		ome (including o	lividenas,	interest,	ano		2 054		
		other similar ar					1,854	1,854		······································
	4	Income from in	vestment of tax	exempt b	ond proc	eeds				·····
	5	Royalties	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	· · · · · · · · · · · · · · · · · · ·		>				
			(i) Real		(li) Po	rsonal	1			
	6a	Gross Rents							4	
	b	Less rental erps								
	С	Rental ma or (loss)								
	į.		me or (loss)			>				
		Gross amount from				Other			_	
		sales of assets	\$						·	
		other than investory								
	D	Less: cost or other								
		bases & sales exps								
	I	Gain or (loss)								
			ss)			····				
5	8a	Gross income from	om tundraising eve	ints		1				
Ę		(not including S								
Š	1		reported on line 10			l				
her Rovenue		See Part IV, line	18	a						
	b	Less: direct ex	penses	ь						
ō			(loss) from fund		vents					
	1		om gaming activiti	-						
	1		: 19							
	ь	Less: direct ex	penses	ь				4		
			(loss) from gan		ties					
			l inventory, less							
			lowances							
			goods sold							
					otor:		 -			
	ᡰᢡ		(loss) from sale cellaneous Reveni		mory	Busn. Code				
	144-						3,600	3,600		
	11a		COME			\vdash	3,000	3,000		
	b									
	٥									
	d		nue			L	* ***			
			es 11a-11d				3,600		<u></u>	
_	12	Total Revenu	io. See instructi	ons		>	538,480	5,454]0	1 0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	<u> </u>			
	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
	Grants and other assistance to governments.				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	ŀ	1		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees):				
	Management	59,858	29,929	23,943	5,986
	Legal				
	Accounting	7,150		7,150	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	investment management fees				
g	Other	73,715	60,869	5,576	7,270
12	Advertising and promotion				
13	Office expenses	443		239	204
14	Information technology	745	240	475	30
15					
16	Royalties	1,300		1,300	
17	Occupancy				
	Payments of travel or entertainment expenses				
18					
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		• -		
22	Depreciation, depletion, and amortization	1,840		1,840	
23	Insurance	1,040			
24	Other expenses, Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a					
b					
¢			 		
d					
9					
f	All other expenses	4		J	
25	Total functional expenses. Add lines 1 through 24f	145,051	91,038	40,523	13,490
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	<u> </u>	1	1	Form 990 (2005

			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		278,185	1	732,791
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		8,579	4	9,847
5	Receivables from current and former officers, directors, tru	uslees, key			
İ	employees, and highest compensated employees. Comple	ete Part II of			
	Schedule L			5	
6	Receivables from other disqualified persons (as defined u				
	4958(f)(1)) and persons described in section 4958(c)(3)(B				
	Part II of Schedule L			6	
7 8	Notes and loans receivable, net			7	
8	Inventories for sale or use		391	8	3,446
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D	10a 2,724,778		- 1	
Ь	Less: accumulated depreciation	10b 36,594	2,359,148	10c	2,688,184
11	Investments—publicly traded securities		11		
12	Investments—other securities. See Part IV, line 11			12	
13	Investments—program-related. See Part IV, line 11			13	
14	Intangible assets		-	14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,646,303	16	3,434,26
17	Accounts payable and accrued expenses		5,465	17	4,542
18	Grants payable			18	
19	Deferred revenue	1		19	
20	-			20	
21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
22					
21	employees, highest compensated employees, and disqua	lified			
	persons. Complete Part II of Schedule L			22	
23	**********			23	
24	Unsecured notes and loans payable to unrelated third pai		400,000	24	300,000
25	Other liabilities. Complete Part X of Schedule D		· ·	25	500,000
26	Total liabilities. Add lines 17 through 25		405,465	26	804,542
	Organizations that follow SFAS 117, check here				
27	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		2,227,187		2,623,47
28	Temporarily restricted net assets		13,651	28	6,25
29	Permanently restricted net assets		29		
29	Organizations that do not follow SFAS 117, check he		!		
	and complete lines 30 through 34.			1	
30	Capital stock or trust principal, or current funds	************		30	
31	Paid-in or capital surplus, or land, building, or equipment		31	-	
30 31 32	Retained earnings, endowment, accumulated income, or	other funds		32	
33 34	Total and according food but according	*************************	2,240,838		2,629,72
34	Total liabilities and net assets/fund balances		2,646,303	34	3,434,26

Fcm 990 (2009)

Form 990 (2009) FRIENDS OF RADNOR LAKE Part XI Financial Statements and Reporting

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<u></u>	nt XI Pinancial Statements and Reporting								
	7.000		Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	1	ĺ	i					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.								
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?								
b	Were the organization's financial statements audited by an Independent accountant?								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of								
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c							
	If the organization changed either its oversight process or selection process during the tax year, explain in								
	Schedule O.	1							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		ļ						
	issued on a consolidated basis, separate basis, or both	1							
	Separate basis Consolidated basis Both consolidated and separate basis]						
35	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?	3a							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		İ					

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

FRIENDS OF RADNOR LAKE

Employer identification number

		FRIENDS OF RA							-732		ł		
Part	I Reas	on for Public Charity S	Status (All organizations	must c	omplete	this p	art.) S	ee ins	tructio	ns.	-		
he orga	anization is not a	a private foundation because i	it is: (For lines 1 through 11, ch	eck only or	ne box.)				******		***************************************		
1	A church, con	ivention of churches, or associ	iation of churches described in	section 1	70(b){1){ <i>A</i>	A)(i).							
2	A school desc	cribed in section 170(b)(1)(A)	(II). (Attach Schedule E.)										
3	A hospital or a	a cooperative hospital service	organization described in sect	ion 170(b)	(1)(A}(iii).								
4	A medical res	••	n conjunction with a hospital de					Enter th	e hospi	tal's nar	ne.		
5	An organizati	on operated for the benefit of	a college or university owned a	r operated	by a gove	rnmenta	l unit de	scribed	in		,	•	
_		b)(1)(A)(Iv). (Complete Part II	•										
6			rernmental unit described in sec										
7 i.			ibstantial part of its support from	n a govern	mental un	it or fron	1 the ger	neral pu	blic				
		iection 170(b)(1)(A)(vi), (Cor	•										
8			0(b)(1)(A)(vi). (Complete Part I										
9			more than 33 1/3 % of its supp										
			t functions—subject to certain e						ils				
	support from	gross investment income and	unrelated business taxable inc	ome (less	section 51	1 tax) fr	om busli	nesses					
		-	1975. See section 509(a)(2).		•								
10			clusively to test for public safet										
11 X	An organization	on organized and operated ex	clusively for the benefit of, to p	erform the	iunctions	of, or la	carry ou	t the					
	purposes of o	ne or more publicly supported	1 organizations described in sec	ction 509(a)(1) or sec	tion 509	9(a)(2). S	See sec	tion				
	509(a)(3). Ch	eck the box that describes the	type of supporting organizatio	n and com	plete lines	11e thr	ough 11	h.					
	а Х Туре	I b Type II	c Type III-Function	ally integra	ited	d :	Тур	e III-Oti	ner				
e X	. By checking t	his box, I certify that the organ	nization is not controlled directly	or indirec	tly by one	or more	disquali	fied					
	persons other	than foundation managers a	nd other than one or more publi	icly suppor	led organi	zations	describe	d in sec	tion				
	509(a)(1) or s	ection 509(a)(2).											
f	If the organiza	ation received a written deterr	nination from the IRS that it is a	Type I, Ty	rpe II. or T	ype III s	upportin	g					
	organization,	check this box											
9	Since August	17, 2006, has the organization	on accepted any gift or contribut	tion from a	ny of the						• • • • • •		
	fellowing per	sons?											
	(i) A person	who directly or Indirectly con	trols, either alone or together w	ith person	s describe	d in (il)						Yes	No
	and (iii) b	elow, the governing body of t	he supported organization?								119(i)		Х
	(li) A family	member of a person describe	d in (i) above?	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	• • • • • •		••••	• • •		11g(ii)		х
		ontrolled entity of a person de	nachadla (II) or (II) about		· · • • • · •	•••	• • • • • •		• • • • • • •		11g(lii)		X
h	Provide the f	ollowing information about the				• • • • • • •							
(i) Nar	ne of supported	(ii) EiN	(III) Type of organization	(iv) is the	ngznization	(v) 0:d y	ou notify	(vi) !	s the	{	vil) Amo	unt of	
0	rganization		(described on lines 1-9		sted in your		uzaten in	organizat		,	supp		
			above or IRC section (see instructions))	governing	cocument?		ol your con?	(i) organi U.S	200 in tins 5.7				
		1		Yes	No	Yes	No	Yes	No				
RAD	NOR LAKE	NATURAL AREA											
				x		х		X					
				İ									
								<u> </u>					
,													
							}						

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

Schedulo A (Form 990 or 990-EZ) 2009

C = -^1	(Complete only if you che on A. Public Support	cked the box	on line 5. 7, or	8 of Part I.)			
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Carc	man your for moon your beginning my	147 2000	(10) 2500	(0/200/	(0) 11211	157 - 155	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its benatf						
-	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					<u> </u>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			<u> </u>	<u>J</u>		
	ion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)					2
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	rth, or lifth lax year	as a section 501(c)(3)	
	organization, check this box and stop here					<u> </u>	<u> </u>
Sec	tion C. Computation of Public Su	pport Percent	tage				
14	Public support percentage for 2009 (line 6	, calumn (I) divided	by line 11, column	1 (1)}			4 %
15	Public support percentage from 2008 Scho						<u>5 i 9</u>
16a	• •						
	and stop here. The organization qualifies						
þ	33 1/3 % support test—2008. If the organ				5 is 33 1/3 % or mo	ore, check this	
	box and stop here. The organization qual						
17a							
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						
b	10%-facts-and-circumstances test-20						
	more, and if the organization meets the "fa						_
	organization meets the "facts-and-circums						>
18	Private foundation, if the organization di	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and see	instructions	▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Sec	tion A. Public Support	ONCO THE DOX	ON MINO O OF F G	14 1.7				
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I						
b	Amounts included on lines 2 and 3 received					İ		
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the		1					
	amount on line 13 for the year)		ļ				
C	Add lines 7a and 7b		 	 		ļ		
8	Public support (Subtract line 7c from line 6.)		-					
	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b						_	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11.							
	and 12.)			J	_L	<u> </u>		
14	First five years. If the Form 990 is for the o	organization's first	t, second, third, fou	rth, or fifth tax year	as a section 501(c	(3)		
	organization, check this box and stop here	! 	· · · · · · · · · · · · · · · · · · ·	<u> </u>				<u> </u>
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2009 (line 8,			·(f))			15	%
16	Public support percentage from 2008 Schei			<u></u>			16	%
Sec	ction D. Computation of Investmen						1	
17	Investment income percentage for 2009 (lin			column (f))			17	%
18	Investment income percentage from 2008 5					l	18	%
19a	33 1/3 % support tests—2009. If the organ							•
	17 is not more than 33 1/3 %, check this bo		-					
b	33 1/3 % support tests—2008. If the organ						1	
20	line 18 is not more than 33 1/3 %, check the	•	-	- ·				

TEOD-BEST ON HIMO

Supplemental Financial Statements

(Form 990)

		👡 ي –		Vijo Pace is	IIO I III DODDINIII SIDESY A
		"] .		ine 990, Part VIII, line 1	no Assets included in Form
		5 4	isuau as:	ired to be reported under SFAS 116 relating to the	
		auı		ived or held works of art, historical treasures, or of	
		s ∢ ¨∷	and the second section of the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the section in the second section is a section section in the section in the section is a section in the section in the section in the section in the section is a section in the		ni babulani ataasA (ii)
		s 📦 ····	•	l in Form 990, Part VIII, line 1	
		• •		nounts relating to these items:	
		stvice,	enou" or research in introceance of public se	other similar assets held for public exhibition, educ	
				ed, as permitted under SFAS 116, to report in its report solution	
		,-		eril alnomalas laionanti eti eti ot otoot ati to toot eti eti eti eti eti eti eti eti eti et	
		וכ פפנעוכפי		or other similar assets held for public exhibition, o	
				led, as permitted under SFRS 116, not to report in	
		***************************************	Form 990, Part IV, line 8.	tions Maintaining Collections of Art, I if the organization answered "Yes" to	Complete
				unting for conservation easements.	
		şəc	ganization's financial statements that descrit	ude, if applicable, the text of the footnote to the or	balance sheet, and inc
				w the organization reports conservation easemen	
οΝ	ZeY	• • • • • • • • • • • • • • • • • • • •	*******************************		170(h)(4)(B)(i) and sec
			noticements of section	n easement reported on line 2(d) above satisfy the	8 Does each conservation
					s ∢
			servation essements during the year	curred in monitoring, inspecting, and enforcing cor	
				- -	
			g conservation easements during the year	rs devoted to monitoring, inspecting, and enforcing	6 Stall and volunteer hou
ON	SBA	• • • • • • • • • • • • • •	*****************************	nont of the conservation easements it holds?	
			ring, inspection, handling of	ave a written policy regarding the periodic monito	
				e property subject to conservation easement is loc	
			•		the taxable year ►
		Gujin	guished, or terminated by the organization d	n easements modified, transferred, released, extin	
		Sq		assements included in (c) acquired after 8/17/06	
		Sc		assements on a certified historic structure includ	
		SP	7.51.	t by conservation easements	
		ez			a Total acrease of the ferticians
X 163E	e End of the Ta	_ 1 ;		alogo acitar	rasporato radmina lato.T. e.
	-2-307-0-5-	TV- FI-A			
		u	non controngen in the joint of a conservatio	igh 2d if the organization held a qualified conserva ay of the lax year.	easement on the last d
			-it-resease a to many adt of actividateen note.		igo to noiteveserq ionte sS asmi etelomos S
		ອະເກາລະ	Preservation of certified historic stru		
			Preservation of an historically impor		ruten to noticeless
		- and past (see		d for public use (e.g., recreation or pleasure)	
*	·/ ai	111 'AL 112 J '060		tion Easements. Complete if the organion (check at	
ON	SOX	N Ped UN	2 mro3 of "aeV" hereware noitesir	emissible private benefit?	
			סחסר אמעוגטו, סר וסר אחץ טנחפר	purposes and not for the benefit of the donor or d	
				oms all grantees, donote, and donot advisors in wr	
οN	SoY			ion's property, subject to the organization's exclus	
	• • • •			Il farill gnijiw ni arozivbs tonob bns atonob ile mto	
			Positive reach at blod signal of		
					A Aggregate value at enc
		***************************************			3 Aggregate grants from
				****************************	S Aggregate contribution
	รใกษองจะ าอเปิง	pue spuna (a)	(a) Donot advised funds	leav	t Total number at end of
				1,000 1110 101 007 1010 1011	
	ແລາ	ounts. Comple	ea or other onniest runds of Acc. An IV. line 6.	ions Maintaining Donor Advised Fund zation answered "Yes" to Form 990, P	nsingre coon
	J: 510	<u> </u>	A a shared selimity spatto to at		
	ع -	v r0054-58		DNOR I.AKE	ERIENDS OF RA
	ron number	Employer idenlifica			HARDSHARIA S.A.A.
	luspection	,,,			noitestinegro off to ameM
pilc	u9 of nagO		0. > See separate instructions.		Department of the Treasury Internal Revenue Service
6	200		alion answered "Yes," to Form 990, 6, 7, 8, 9, 10, 11, or 12.		(nee min i)

sched	tule D (Form 990) 2009 FRIENDS OF	RADNOR	LAKE		23-7	322143		Page 2
Pa	rt III Organizations Maintaining Co	ollections o	f Art, His	torical Treas	ures, or Other	Similar Assets	(continued)
3	Using the organization's acquisition, accession, a collection items (check all that apply):	nd alher record	is, check an	y of the following	that are a significar	nt use of its		
a	Public exhibition	d	Loan or e	exchange program	ns			
b	Scholarly research	e	Other					
C	Preservation for luture generations							
4	Provide a description of the organization's collect Part XIV.	ions and explai	n how they	further the organi	zation's exempt pur	pose in		
5	During the year, did the organization solicit or reclassets to be sold to raise funds rather than to be	mainlained as	part of the c	rganization's coll	ection?		Yes	No
Pa	rt IV Escrow and Custodial Arrang				ation answered	"Yes" to Form 9)90, Part	
	IV. line 9, or reported an amo							
1a	is the organization an agent, trustee, custodian o	r other interme	diary for cor	tributions or othe	r assets not			
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIV and	complete the f	ollowing tab	le:				
							Amount	
c	Beginning balance					15		
	Additions during the year	• • • • • • • • • • • • • • • • • • • •				1d		
	Distributions during the year					10		
•						11		
22	Did the organization include an amount on Form						Yes	No
	If "Yes," explain the arrangement in Part XIV.	000,1 0,174, ,,,			* * * * * * * * * * * * * * * * * * * *			.10
	ert V Endowment Funds. Complete	e if organiza	ation ansi	vered "Yes" t	o Form 990. Pa	art IV. line 10.		
	Endownient Condo. Complete	(a) Current y		(b) Prior year	(c) Two years bac		ick (e) Four yea	ers back
1.	Parianian of your halanga	(1)		(4)	147	, , , , , , , , , , , , , , , , , , ,	1,7,5,7,5	
1a					1			
	Contributions			***				
С	Net investment earnings, gains.							
	and losses			-	-			
	Grants or scholarships							·
c	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year en	d balance held	as:					
a	Board designated or quasi-endowment	%						
b	Permanent endowment > %							
c	Yerm endowment ▶%							
3a	Are there endowment funds not in the possession	in of the organi	zation that a	ire held and admi	nistered for the			
	organization by:						Yc	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations	•					3a(il)	
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required	on Schedu	le R?			3b	
4	Describe in Part XIV the intended uses of the or	•						
P	art VI Investments-Land, Buildin				0. Part X. line 1	0.		
	Description of investment	(a) Cost or o		(b) Cost or	-	Accumulated	(d) Book val	lue:
		(investr		basis (oth		topreciation		
1.	Land				- 			
					<u> </u>			
	Buildings	 		 				
	Leasehold improvements			 				
	Equipment	7 7	24,778			36,594	2,688	3 194
	: Other at. Add Enes 1a through 1e. (Column (d) must equ					30,354	2,688	
1019	n, man ings na arrough ng (Gorunn la) musi gan	ai i Qini 330, Fi	DIS A, COIGH	ar (D), mile (O(D).)	the second of the second of	-	2,000	-,

Schedule D (Form 990) 2009 FRIENDS OF RADNOR LAKI		23-7322143	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, cot. (B) line 12.)	<u> </u>		
Part VIII Investments—Program Related, See Form 990	D. Part X, line 13.		
(a) Description of investment typo	(b) Book value	(c) Method of valuation	
		Cost or und-of-year market value	
			· · · · · · · · · · · · · · · · · · ·

When the second and t		****	~~~~~~
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) Bec-	value
	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X, line 25	<u>, , , , , , , , , , , , , , , , , , , </u>	b]	n.h
! (a) Description of liability	(b) Amount		
Federal income taxes	Interioris		
GRANTOR ADVANCE	500,000		
PAYROLL DEPOSIT LIABILITY	300,000		
FUNDS HELD FOR OTHER AGENCY			
TOTAL OPERAT OF THE PROPERTY AND MATERIAL	-		
	 		
	1	İ	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	500,000	İ	
FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organi		A	

organization's liability for uncertain tax positions under FIN 48.

<u>Sche</u>	dule D (Form 990) 2009 FRIENDS OF RADNOR LAKE 23-732214		Page 4
_Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	538,480
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	145,051
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	393,429
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Pnor period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	393,429
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	538,480
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	}	
а	Net unrealized gains on investments 2a]	
b	Donated services and use of facilities 2b]	
c	Recoveries of prior year grants 2c]	
d	Other (Describe in Part XIV.)		
Q.	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	538,480
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
	Other (Describe in Part XIV.)] [
С	Add fines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	538,480
Pi	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return	
1	Total expenses and losses per audited financial statements	1	145,051
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	1	1 1	
b	Prior year adjustments 2b	7	
	Other losses 2c	1	
d		7 i	
	Add lines 2a through 2d	20	
3	Or have a fine On form fine A	3	145,051
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a			
ŧ		1 1	
	The state of the s	4c	
5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	145,051
Ť	art XIV Supplemental Information		
	art XIV Supplemental information aptete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
	part to provide any additional information.		
una	part o provide any additional mornation.		
_			
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•			
			up uparen distrip hiphiga kiriliga desililin distribu

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Department of the Freesury Internal Revenue Service falme of the organization

Employer identification number

	FRIENDS OF RADNOR					23-73221	L 4 3
P	art I Fundraising Activities. Complete i Form 990-EZ filers are not required	f the organizat I to complete t	ion ar his pa	iswe irt.	red "Yes" to Forn	n 990, Part IV, line	17.
1	Indicate whether the organization raised funds through a	any of the following	activitie	s. Ch	eck all that apply.		
a	Mail solicitations	e Solicitatio	n of not	1-gove	rnment grants		
b	Internet and email solicitations	f Solicitatio	n of gov	ernm	ent grants		
c	Phone solicitations	g Special fu			•		
d	In-person solicitations	3		.5 0 - 0			
2a	Did the organization have a written or oral agreement wron key employees listed in Form 990, Part VII) or entity it	th any individual (in	ncluding	office	ers, directors, trustees		Van Na
b	If "Yes," list the ten highest paid individuals or entities (fit to be compensated at least \$5,000 by the organization.					ndraiser is	Yes No
	(i) Name of individual or antity (fundraiser)	(II) Activity	cusk	I fund- have dy ov rel of utons?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (I)	(vi) Amount paid to (or retained by) organization
			Yes	No		.,	
							Ì
			 				
			┪—				
			+				
			\top				
			-				
			+-				
Tot	tai						
	List all states in which the organization is registered or lice registration or licensing.	censed to solicit fur	nds or h	as be	en notified it is exempt	from	
	e e e e Tarana						
	in the second of				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • •	•
	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			, .			
		*					
				• • • • •			
						• • • • •	
					• • •		
		•			• • • • •		

23-7322143

Sche	dute	G (Form 990 or 990-EZ) 2	2009 FRIENDS OF F	RADNOR LAKE	23-732		Page 2	
P	art I	I Fundraising E	vents. Complete if the organ	ization answered "Yes" to	Form 990, Part IV, line	18, or repor	rted	
		more than \$15	,000 on Form 990-EZ, line 6	D. LIST EVENTS WITH GLOSS FO (b) Event #2	(c) Other events	JUU		
!			(a) Event #1	(n) Evem#2	(c) Oner events	(d) Total evi	ents	
			990PtVIII1c		None	(add so: (a) t		
		!	(event type)	(event type)	(total number)	col (c)))	
ş						P		
Revenue	1	Gross receipts	76,133			7	6,133	
ď	2	Less: Chantable						
		contributions	76,133			7	6,133	
	3	Gross revenue (line 1						
		minus line 2)				*		
	4	Cash prizes						
	E	Noncash prizes						
	5	Noncasii piizes						
S.	6	Rent/facility costs						
3usc		,						
Direct Expenses	7	Food and beverages						
ä	8	Entertainment						
	•							
	9	Other direct expenses						
	•	Direct ouecase cummen	y, Add lines 4 through 9 in column (d)	1	•			
	10 11	•	ombine line 3, column (d), and line 10					
	art	III Gaming, Com	plete if the organization ans	wered "Yes" to Form 990.	Part IV. line 19. or repor	rted more		
-			on Form 990-EZ, line 6a.					
	Ī		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (Add		
Revenue	ļ		(a) Dingo	bingo/pragressive bingo	(c) Outer gantag	col (a) throug	n cc (c);	
Ş	Ì							
	1	Gross revenue						
	-	Cash prizes						
Ses	2	Cash prizes						
Cirect Expenses	3	Noncash prizes						
Ž,	ľ	Troncoon prizes						
5	4	Rent/facility costs						
۵		• • •						
	5	Other direct expenses						
	: 1		Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	l No	No			
	_	.			▶ [L		
	7	Direct expense summar	y. Add lines 2 through 5 in column (d)				
	8	Net gaming income sug	nmary. Combine line 1, column d, and	i line 7	>			
_							Yes No	
9	E	nter the state(s) in which ti	ne organization operates gaming acti	vities:				
4			to operate gaming activities in each of			9a		
ŧ) If	"No," Explain:					1	
10:			n's gaming licenses revoked, suspen	oed or terminated during the fax y	ear?	10a		
1) II	"Yes," Explain:						
						·		
11	r	lnes the organization open	ate gaming activities with nonmembe	2		11		
12			r, beneficiary or trustee of a trust or a					
		ormed to administer charita				12		
DA					Schedule G (F	orm 990 or 99	0-EZ) 200	

Sche	dule G (Form 990 or 990-EZ) 2009	FRIENDS	OF	RADNOR	LAKE	23-732214	.3	P	age 3
				•				Yes	No
13 a b	indicate the percentage of gaming activ The organization's facility An outside facility					13a % 13b %			
14	Provide the name and address of the p and records:				gaming/special events books	V			
	Name >				•• • • • • • • • • • • • • • • • • • • •				
	Address >			•					
15a	Does the organization have a contract revenue?						15a		
	if "Yes." enter the amount of gaming re amount of gaming revenue retained by If "Yes," enter name and address of the	venue received by the Ihird party >	lhe or	rganization 🕨					
	Rane 🕨								
	■ zzeito≟					· · · · · · · · · · · · · · · · · · ·			
16	Gaming manager information:								
	Name ►					• • • • • • • • • • • • • • • • • • • •			
	Gaming manager compensation > 3								
	Description of services provided		· . • •						
	Director/officer E	nployee		Independent o	contractor				
17	Mandatory distributions:								
а	,	e law to make char	itable	distributions fr	rom the gaming proceeds to		<u>.</u> _		
	retain the state gaming license?	الموجورة موالمحورات					17a		┼
b	Enter the amount of distributions requi				exempt organizations or spec	nı		•	
_	in the organization's own exempt activ	ilies during the lax	year	P 5				Щ.	<u> </u>

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Employer Identification number

2009

Department of the Treasury Internal Revenue Service

990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

Open To Public Inspection

P	art I Types of Property	A KAD	NOR DAKE		1 23-732214	<u>د د</u>		
	.,,	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determina revenues	g		·····
1	ArtWorks of art							
2	ArtHistorical treasures							
3	Art—Fractional interests							
4	Books and publications					···		
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boots and planes							
В	Intellectual property							
9	Securities—Publicly traded		M.		······································	· · · · · · · · · · · · · · · · · ·		
10	Securities—Closely held stock			f*+				
11	Securities-Partnership, LLC,			***************************************				
	or trust interests							
12	Securities—Miscellaneous					-		
13	Qualified conservation					_		
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real ostate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical entifacts							
23	Scientific specimens		<u></u>					
24	Archeological artifacts							
25	Other ► ()	X	1	325,000				
26	Other ► (
27	Other ►()							
28	Other ►(<u> </u>	<u> </u>					
29	Number of Forms 8283 received by to							
	which the organization completed Fo	rm 8283, P	art IV. Donee Acknowled	gement	29			
							Yes	No
30a	During the year, did the organization	_		•				
	it must hold for at least three years In			, and which is not required i	lo be			
	used for exempt purposes for the ent	•	period?		***	30a		X
	If "Yes," describe the arrangement in							
31	Does the organization have a gift accontributions?					31		x
32a	Does the organization hire or use thir	d parties of	r related organizations to	solicit, process, or sell noni	cash			
ь	contributions? If "Yes," describe in Part II.			•	• • • • • • • • • • • • • • • • • • • •	32a		Х
33	If the organization did not report reve	nues in col	umn (c) for a type of pro-	sedy for which column to lie	checked			
			a to ito a type of proj	2011) 101 Trinon Colonia (d) 15	CHOUNDY,	1		