Form Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2006 Open to Public Inspection

Δ	For the 2	006 calen	dar vear.	or tax year beginning	, and ending				
В	Check if ap	opficable:		C Name of organization					er identification number 7322143
=	Address ch	•	label or	FRIENDS OF RAD	NOR LAKE			E Teleph	none number
\exists	Name char	nge	print or L type.		mail is not delivered to street addres	s)	Room/suite		-256-7146
	Initial retur	m.	See	1160 OTTER CRE				F Accour	nting method: X Cash
	Final return	n	Specific	City or town, state or country, and	ZIP + 4			Accrua	il Uther (specify)
$\overline{\Box}$	Amended:	return	tions.	NASHVILLE	TN 37220			>	
H			• Sec	tion 501(c)(3) organizations and 49	47(a)(1) nonexempt charitable	H and	are not applicable to sec	tion 527 organ	
ш	Application	ir periority	trus	its must attach a completed Schedu	ıle A (Form 990 or 990-EZ).		Is this a group return fo		Yes X No
G	Website	: > WW	W.RADN	ORLAKE.ORG		H(b)	if "Yes," enter number of	of affiliates 🕨	·—
J	Organiz	ation type	 }			H(c)	Are all affiliates include	d?	Yes No
	(check o	nly one)	▶ 🗓 5	01(c) (3) ∢ (insert по.)	4947(a)(1) or 527		(If "No," attach a list. See ins	structions.)	
<u>-</u> -	Check he	> [if the or	ganization is not a 509(a)(3) supporting	organization and its gross	H(d)	Is this a separate return	n filed by an	
11				han \$25,000. A return is not required, but			organization covered b		? Yes No
				omplete return.	_		Group Exemption N		
_							Check ► X if the	_	•
L	Gross re	eceipts: Ad	ld lines 6b	, 8b, 9b, and 10b to line 12	1,095,175		to attach Sch. B (Fo		-EZ, or 990-PF).
	art I	Rev	enue, E	xpenses, and Changes in	Net Assets or Fund Ba	lance	s (See the instru	ictions.)	
	1	Contributi	ons, gifts,	grants, and similar amounts received	ved:	1			
	a	Contributi	ons to do	nor advised funds		1a	202 5		
	b	Direct pul	olic suppo	rt (not included on line 1a)		1b	993,74	: 5	
-	С	Indirect p	ublic supp	ort (not included on line 1a)		1c	-		
	d	Governm	ent contril	outions (grants) (not included on lin	ne 1a)	1d		_	000 845
	e	Total (ad	d lines 1a	through 1d) (cash \$	162,022 noncash \$_		831,723		993,745
	2	Program service revenue including government fees and contracts (from Part VII, line 93)							
	3								
	4			and temporary cash investments					0.256
	5	Dividend	s and inte	est from securities		1		. 5	8,376
	6a	Gross re			1	6a			
	b			ses 		6b		-	
	C			or (loss). Subtract line 6b from line	6a			6c	
9	7			ncome (describe)			. 7	
o i do do d	8a			n sales of assets other	(A) Securities	- -	(B) Other		
Š		than inve				8a		-	
_	- Ь			basis and sales expenses		8b 8c		-	
	C	- '	, ,,	ch schedule)				8d	
	d	Net gain	or (loss).	Combine line 8c, columns (A) and discriptions and discriptions (attach schedule). If any	(D)		► □ · · · · · · · · · · · · · · · · · ·	Ou	·
	9					N Here	· 🗆		
	а			ot including \$		9a	25,7	66	
	_			rted on line 1b)ses other than fundraising expens			20,1		
	þ			ises other trial rundraising experts is) from special events. Subtract lit				9c	25,766
	10a		•	entory, less returns and allowance	· · · · · · · · · · · · · · · · · · ·	10a			
	b			is sold		10b			
	C	Gross n	rofit or (lo	ss) from sales of inventory (attach	schedule). Subtract line 10b fro		0a	10c	
	11	•	•	om Part VII, line 103)					67,288
	12			dd lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c					1,095,175
-	13			(from line 44, column (B))					390,873
		Мапаое	ment and	general (from line 44, column (C))				14	37,044
	14 15 16			line 44, column (D))					21,686
	16 16			ates (attach schedule)					
	17			Add lines 16 and 44, column (A)				17	449,603
-	<u>\$</u> 18) for the year. Subtract line 17 from				18	645,572
	85 19	Net ass	ets or fun	d balances at beginning of year (fro	om line 73, column (A))			19	1,483,807
	Net Assets 19 20 21 20 21	Other c	hanges in	net assets or fund balances (attac	h explanation) Se	e S	tatement 1	20	(
	ž 21			d balances at end of year. Combin				21	2,129,379

FRIENDS OF RADNOR LAKE

Form 990 (2006) All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Part II Statement of organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Functional Expenses (C) Management (B) Program Do not include amounts reported on line (D) Fundraising (A) Total services and general 6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach 25a b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 25c 26 Salaries and wages of employees not included 21,530 21,530 10,765 53,825 26 on lines 25a, b, and c 27 Pension plan contributions not included on 27 lines 25a, b, and c 28 Employee benefits not included on lines 28 25a – 27 29 29 Payroll taxes 30 Professional fundraising fees 30 5,320 5,320 31 31 Accounting fees 32 Legal fees 32 33 33 Supplies 34 34 Telephone 35 Postage and shipping 35 1,100 550 550 36 36 Occupancy 37 Equipment rental and maintenance 37 38 Printing and publications 38 39 39 Travel 40 Conferences, conventions, and meetings 40 41 41 Interest 5,481 5,481 42 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize): 383,877 369,343 4,163 See Statement 2 10,371 43a 43b 43c 43d 43e 43f 43g 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 390,873 449,603 37.044 21,686 44 Joint Costs. Check ▶ ☐ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs S ; (II) the amount allocated to Program services \$

; and (iv) the amount allocated to Fundraising \$

(iii) the amount allocated to Management and general \$

Page 3

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

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

programs and accomplishments.		
What is the organization's primary exempt purpose? ▶ PROTECTION OF RADNOR LAKE STAT	'E NATURAL AREA	Program Service Expenses
All organizations must describe their exempt purpose achievements	s in a clear and concise manner. State the number	(Required for 501(c)(3) and
of clients served, publications issued, etc. Discuss achievements th		(4) orgs., and 4947(a)(1) trusts; but optional for
organizations and 4947(a)(1) nonexempt charitable trusts must also	o enter the amount of grants and allocations to others.)	others.)
a MAINTENANCE, PROTECTION IMPRO ENVIRONMENT, HABITAT, FACILIT VIA LAND ACQUISITION OF SURRO	TIES ON PARK PROPERTY	
(Grants and allocations \$) b EDUCATIONAL & ENVIRONMENTAL S	If this amount includes foreign grants, check here	358,819
EAGLE SCOUT PROJECTS, ENVIRON		
(Grants and allocations \$)	If this amount includes foreign grants, check here	18,877
PROGRAMS STATE DOES NOT FUND. AND OTHER PARK SUPPORT		
(Grants and allocations \$)	If this amount includes foreign grants, check here	12,410
·····		

(Grants and allocations \$	If this amount includes foreign grants, check here	
e Other program services (attach schedule)		
(Grants and allocations \$	If this amount includes foreign grants, check here	767
f Total of Program Service Expenses (should equal line 44, co	olumn (B), Program services)	390,873

Form 990 (2006) FRIENDS OF RADNOR LAKE

Pa	ırt IV	Balance Sheets (See the instructions.)				т	(5)
1	Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	the de	scription	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			431,048		268,534
Į	46	Savings and temporary cash investments				46	
		-					
l	47a	Accounts receivable	47a	15,636			
- 1		Less: allowance for doubtful accounts	47b		17,905	47c	15,636
		.,,,,,,,,,,					
	48a	Pledges receivable	48a				
		Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors,	trustee	s, and			
		key employees (attach schedule)	4		50a_		
	h	Receivables from other disqualified persons (as defined	under	section 4958(f)(1)) and			
		persons described in section 4958(c)(3)(B) (att. schedu		i i		50b	
	51a	Other notes and loans receivable (attach	*				
	""	schedule)	51a				
ste	 	Less: allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use			2,350	52	4,939
⋖	53	Prepaid expenses and deferred charges	· · · · · ·			53	
	54a		3	Cost X FMV		54a	
	Ь	Investments—other securities		Cost FMV		54b	
]	Investments—other securities (attach schedule)	• • • • • • •	0031 🔲 1 1111			
	55a	Investments-land, buildings, and	55a	38,714			
	١.	equipment: basis Less: accumulated depreciation (attach	338	307722			
	٥		55b	24,342	18,279	55c	14,372
		schedule) See Statement 4 Investments-other (attach schedule)		22/322		56	
	56		57a	1,827,160			
	57a		3/4	1/02//200			
	b		57b		1,015,437	570	1,827,160
	1	schedule) See Statement 5	5/0	<u> </u>	1,015,157	3/6	1,027,100
	58	Other assets, including program-related investments		1			7,553
)	1,485,019	58	2,138,194
_	59	Total assets (must equal line 74). Add lines 45 throug					1,262
	60	Accounts payable and accrued expenses			· · - · - · - · - · - · - · - · -	61	1,202
	61	Grants payable				62	
	62	Deferred revenue				02	
ies	63	Loans from officers, directors, trustees, and key emplo				CO	
Liabilities		schedule)				63	
Lial		Tax-exempt bond liabilities (attach schedule)	· · · · · · ·			64a	
	1	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe See Stateme	11 /	·		65	7,553
		T A 411 1 1000 A 44 Care CO Abarrel CE			1,21	, ,	0 015
_	66	Total liabilities. Add lines 60 through 65		malata linea	1,21	2 66	8,815
	Org		and co	implete titles			
	67	67 through 69 and lines 73 and 74.			1,339,954	1 67	2 125 124
ces	67	Unrestricted			143,85		2,125,134
lan	68	Temporarily restricted			143,63.		4,245
Ba	69	Permanently restricted ganizations that do not follow SFAS 117, check here	·			69	
Net Assets or Fund Balances	Org		-	atiu			
Ē	70	complete lines 70 through 74.				70	5
s o	70					70	
set	71	Paid-in or capital surplus, or land, building, and equip				71	
As	72	Retained earnings, endowment, accumulated income				12	8
Ne	73	Total net assets or fund balances (add lines 67 thro					
		70 through 72. (Column (A) must equal line 19 and co			1,483,80	7 73	2,129,379
	٠,,	equal line 21) Total liabilities and net assets/fund balances. Add	lines 6		1,485,01		
_	74	i otal liabilities and net assets/fund balances. Add	intes of	u ailu (3,	1 1,405,UI.	/ /4	2,138,194

RADNOR 08/12/2007 4:58 PM 23-7322143 Page 5 FRIENDS OF RADNOR LAKE Form 990 (2006) Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the Part IV-A instructions.) 1,095,175 Total revenue, gains, and other support per audited financial statements Amounts included on line a but not on Part I, line 12: 1 Net unrealized gains on investments b2 2 Donated services and use of facilities ь3 Recoveries of prior year grants Other (specify): b4 b Add lines b1 through b4 1,095,175 Subtract line b from line a Amounts included on Part I, line 12, but not on line a: 1 Investment expenses not included on Part I, line 6b Other (specify): ď2 Add lines d1 and d2 1,095,175 Total revenue (Part I, line 12). Add lines c and d e Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part IV-B 444,122 Total expenses and losses per audited financial statements Amounts included on line a but not Part I, line 17: 1 Donated services and use of facilities 2 Prior year adjustments reported on Part I, line 20 b3 3 Losses reported on Part I, line 20 Other (specify): Add lines b1 through b4 444,122 С Subtract line b from line a Amounts included on Part I, line 17, but not on line a: 1 Investment expenses not included on Part I, line 6b 2 Other (specify): 5,481 Total expenses (Part I, line 17). Add lines c and d e 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	e 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 & deterred 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	
DON SHRIVER	NASHVILLE	TREASURER			
3909 TRIMBLE RD	TN 37215	0	0		٥
KAREN DAVIS	NASHVILLE	SECRETARY			
4400 BELMONT Pk Terr	IN 37215	0	l o	۰ ،	٥
· · · · · · · · · · · · · · · · · · ·					
• • • • • • • • • • • • • • • • • • • •					

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No	Form 9	90 (2006) FRIENDS OF RADNOR LAKE	23-7323	2143			Pa	age 6
Part VI Dither Information (See the instructions, Image			oyees (continue	ed)	ş	\\	Yes	No
b Ace any officers, circlotors, fusuless, or key employees listed in Form 990, Part V.A. or highest compensated professional and other information and other information in Schedule A. Part II. or highest compensated professional and other information professional and other information professional and other information professional and other information professional and other includes the relationships? If "Yes," attach a statement that identifies the individuals and explains the relationships. © Do any officers, clistocies, fusuless, or key employees listed in Form 990, Part V.A. or highest compensated erropices listed in Schedule A. Part II. or highest compensation from any other independent contractors listed in Schedule A. Part II. or highest compensation from any other independent contractors listed in Schedule A. Part II. or highest compensation from any other independent contractors listed in Schedule A. Part II. or highest compensation for the definition of "felted dragacization." ### Text 3: Internation of "felted dragacization." #### Text 3: Internation of "felted organization." ##### Text 3: Internation of "felted organization." ###### Text 3: Internation. ###### Text 3: Internation. ###################################								
employees listed in Schodule A, Part I, or highest compensated professional and other independent contractors listed in Schodule A, Part I, or highest compensation or contractors listed in Schodule A, Part I, or highest compensation or particles, relationship(s) 73b X © Do any officers, directors, trustees, or key employees listed in Form 980, Part VA, or highest compensation or particles, trustees, or key employees listed in Form 980, Part VA, or highest compensation or or highest compensation. If Yes, a state h a statement that includes the information described in the instructions. Part V:=								
contractors listed in Schedule A, Part III- or III-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). Do any officers, directors, trustes, or key employees listed in Form 990, Part VA. or highest compensated employees kisted in Schedule A, Part II-A or II-B, receive compensation from any other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempts or issable, that are related to the regularization from the efficiency of the part o				sated				
relationships? If "Yes," stach a statement for an identifies the individuals and explaint the relationship(s)								
C Do any officers, directors, trustees, or key employees listed in Form 990, Pzrt V-A, or highest compensated employees listed in Schedule A, Part IId or II-5, receive compensation from any other independent contractors listed in Schedule A, Part IId or II-5, receive compensation from any other prognations whether tax exempts or traskels, that are related to the organization from any other prognation or includes in employees in the instructions for the definition of "related organization." If "Yes," attents a statement that includes he information described in the instructions. Joses the organization have a written conflict of innerest policy? (If any former officer, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, busides, or key employee received compensation or other benefits (is described below) using the year, is that person below and enter the amount of compensation or other benefits in the appropriate column. See the Instructions.) (A) Name and address (B) Loss sed Advances (If C) Compensation (If C) Compensation (If C) Expense with the person below and enter the amount of compensation or other benefits in the appropriate column. See the Instructions of Compensation or other benefits in the appropriate column. See the Instructions of Compensation or other benefits in the appropriate column. See the Instructions of Compensation or other benefits in the appropriate column of Compensation or other benefits in the appropriate column. See the Instructions of Compensation or other benefits in the appropriate column of C) C) Compensation (If C) Expense with the column of C) Compensation or the compensation or other benefits in the appropriate column of C) C) Compensation or the column of C) C) Compensation or C) C) C) Compensation or C) C) C) Compensation or C)					7	/5h		X
compansated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "relates organization have a written conflict of interest policy? I "Pert IV-E. Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (directores, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (directored below) during the year, set that person below and enter the amount of compensation or other benefits (described below) during the year, set that person believe and enter the amount of compensation or other benefits (described below) during the year, set that person believe and enter the amount of compensation or other benefits (described below) during the year, set that person believe and enter the amount of compensation or other benefits (described below) during the year, set that person believe and enter the amount of compensation or other benefits (described below) during the year, set that person believe and enter the amount of compensation or other benefits (described below) during the year, set that the person believe and the pers	r	elationships? If "Yes," attach a statement that identifies the individuals and explain	is the relationship(s)	• • • • • • • • • • • • • • • • • • • •		١		
compansated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, for High Review compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the Instructions for the definition of "relates organization have a written conflict of Interest policy?" ### Part VIE. Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, fusitee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the Instructions. (A) Name and address	c i	Op any officers, directors, trustees, or key employees listed in Form 990, Part V-A	or highest					
independent contractors listed in Schedule A, Part III-A or III-B, receive compensation from any other prognations, whether tax exempt or taxable, that are related to the organization See the instructions for the definition of "felated organization." The Set T								
organizations, whether tax exempl of taxable, that are related to the organization? See the instructions for the definition of "feated organization." Yes_* attach a statement hat includes the information described in the instructions. To be the organization have a written conflict of interest policy?								
If "Yes," attach a statement that includes the information described in the instructions. Total	(organizations, whether tax exempt or taxable, that are related to the organization?	See the instructions	for				
Part VI						75c	333333	<u> </u>
Part VIE Other Information (See the instructions.) Yes No	;	If "Yes," attach a statement that includes the information described in the instruction	ons.					
(if any former officer, director, rustee, or key employee roceived compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (a) the appropriate column. See the instructions.) (A) Name and address (B) Lans and Advazces (B) Lans and Advazces (C) Groptication is brother compensation (b) Contributions to scholar compensation plans (A) Name and address (B) Lans and Advazces (B) Lans and Advazces (B) Lans and Advazces (B) Contributions to scholar compensation plans (C) Contributions to scholar compensation plans (C) Contributions to scholar compensation plans (B) Lans and Advazces (C) Contributions (D) Contributions		Does the organization have a written conflict of interest policy?	The 4 Dec					
person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Lans and Advances (F) Compensation (F) Conditions to enployee a common service of the compensation plans account and other compensation plans allowances AVA (B) Lans and Advances (F) Conditions to enployee a compensation plans account and other compensation plans allowances account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plans account and other compensation plan	Par	tVB Former Officers, Directors, Trustees, and Key Emp	loyees I hat Ked	nochts (describ	ipensation or Otr	ier E	sene	TITS
(A) Name and address (B) Labras and Afriances (C) Complexation (C) Complex						sar, III	si iliai	
Part W Other Information (See the instructions.) Part W Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? if "Yes," attach a detailed statement of each change 77 Were any changes made in the organization groupering documents but not reported to the IRS? 78 Were any changes made in the organization and the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 If "Yes," has it fied a tax return on Form 990-1 for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a satatement 809 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 810 If "Yes," enter the name of the organization P and check whether it is exempt or nonexempt organization? 811 Enter direct and indirect political expenditures. (See line 81 instructions.)		person below and enter the amount of compensation of dutal bottom	и по пределение		(D) Contributions to employee	(E)) Expe	nse
Parti VI Other Information (See the instructions.) Parti VI Other Information (See the instructions.) 176 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 178 Were any changes made in the organizing or governing documents but not reported to the IRS? 187 Types, attach a conformed copy of the changes. 188 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 189 If "Yes," has it filed a tax return on Form \$90-T for this year? 180 If "Yes," has it filed a tax return on Form \$90-T for this year? 180 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 180 If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization? 180 If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization? 180 If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization? 180 If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization?		(A) Name and address	(B) Loans and Advances					
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X 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. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X 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 the year? If "Yes," attach a statement 79 X X 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X Enter direct and indirect political expenditures. (See line 81 instructions.)	N/A							
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X 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. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X 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 the year? If "Yes," attach a statement 79 X X 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X Enter direct and indirect political expenditures. (See line 81 instructions.)						<u> </u>		
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80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt nonexempt and check whether it is exempt or nonexempt state or nonexempt nonexempt state or nonexempt state or nonexempt state or nonexempt nonexempt state or nonexempt state	79	~	the year? If "Yes," a	ttach				
common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt Enter direct and indirect political expenditures. (See line 81 instructions.) 81a	80-					79		X
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81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a		and chec	k whether it is	exempt or	nonexempt			
b Divin	81a	Enter direct and indirect political expenditures. (See line 81 instructions.)		81a	·			
	b	Did the organization file Form 1120-POL for this year?	 	· • • • • • • • • • • • • • • • • • • •		В1Ь		X

	990 (2006) FRIENDS OF RADNOR LAKE 23-7322143		Р	age 7
	t VI Other Information (continued)		Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		х
	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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members 85c			
ď	Section 162(e) lobbying and political expenditures 85d	7		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
ı g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		······
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
•••	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the]
	N/A	85h	******	***********
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
þ	Gross receipts, included on line 12, for public use of club facilities	1		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	7		
b.	Gross income from other sources. (Do not net amounts due or paid to other	7		
	075			
88a		┪		
504	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	38223890100	X
ь	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	100	 	
	meaning of section 512(b)(13)? If "Yes," complete Part XI	886	Ì	x
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89ъ	*****	X
С				
	persons during the year under sections 4912, 4955, and 4958			
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 prohibited tax shelter			
	transaction?	89e	1	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	1	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	89g	*****************	X
90a	List the states with which a copy of this return is filed None			
b	Number of employees employed in the pay period that includes March 12, 2006 (See	• • • • • •		
	instructions.)			
91a	The books are in care of ▶ Telephone no. ▶			
	•••••		• • • • •	
	Located at ► ZIP + 4 ►			
b				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		Х
	If " Yes," enter the name of the foreign country	500000000		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
	and Financial Accounts.			1

orm 990 (2006) FRIENDS OF RADNOR LAKE		23-732	22143_			Page 8
Part VI Other Information (continued)					Υ	es No
c At any time during the calendar year, did the organization mainta	ain an office outsi	de of the United Stat	es?		91c	X
If "Yes," enter the name of the foreign country				,	·	_
2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990	in lieu of Form 10	041- Check here				▶ 📙
and enter the amount of tax-exempt interest received or accrue	d during the tax y	ear	<u> </u>	▶ 92		
Part VII Analysis of Income-Producing Activit	ies (See the i	nstructions.)				
Note: Enter gross amounts unless otherwise		business income	Excluded	by section 512, 513, or 514	(E) Relate	
ndicated.	(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt for	
93 Program service revenue:	Business code		code	Allount	inco	ne
a OTHER SERVIES						
b						
С						
d						
e e						
f Medicare/Medicaid payments						
g Fees and contracts from government agencies	1					
94 Membership dues and assessments	1					
95 Interest on savings and temporary cash investments	1					
96 Dividends and interest from securities	1 1 1 0 0 0 0	8,37	6 1			
97 Net rental income or (loss) from real estate:						
a debt-financed property						
b not debt-financed property						
98 Net rental income or (loss) from personal property						
99 Other investment income						
100 Gain or (loss) from sales of assets other than inventory						
101 Net income or (loss) from special events	1		1	25,766		
102 Gross profit or (loss) from sales of inventory	I					
103 Other revenue: a						
b See Statement 9				57,763		9,525
c						
d						
e						
Subtotal (add columns (B), (D), and (E))	_	8,37	6	83,529		9,525
105 Total (add line 104, columns (B), (D), and (E))				>	10	1,430
Note: Line 105 plus line 1e, Part I, should equal the amount on line						
Part VIII Relationship of Activities to the Acc		t of Exempt Pur	poses (S	See the instruction	ns.)	
Line No. Explain how each activity for which income is rep						
of the organization's exempt purposes (other than				•		
N/A						
		-				
Part IX Information Regarding Taxable Sub-	sidiaries and	Disregarded E	ntities (S	ee the instruction	ıs.)	
(A) (B)	- "[(C)		(D) Total income	(E	
Name, address, and EIN of corporation, Percentage partnership, or disregarded entity ownership into		Nature of activities		rotal income	End-of- asse	
N/A	%					
	%					
	%					
	%					
Part X Information Regarding Transfers As	sociated wit	h Personal Ben	efit Cont	racts (See the ins	structions	.)
(a) Did the organization, during the year, receive any funds, did					Ye	Table
(b) Did the organization, during the year, pay premiums, direct						
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instru					–	
					Form	990 (2006)

NASHVILLE, TN 37211

Form 990 (2006)

615-256-7146

Phone

if self-employed),

address, and ZIP + 4

			Yes No
	organization have a binding written contract in effect on August 17, 2006, covering the interest, oyalties, and annuities described in question 107 above?		
Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all i	er has any knowledge. / 0/17/07 Date	ectors
Paid	Preparer's signature Date Check if self-employed	(See Gen.	SSN or PTIN Instr. X)
Preparer's Use Only	Firm's name (or yours if self-employed). address, and ZIP + 4 ACCURATE INCOME TAX SERVICE 2606 EUGENIA AVE SPC C NASHVILLE, TN 37211	EIN ▶ Phone no. ▶ 615-25	56-7146

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

Supplementary Information-(See separate instructions.)

2006

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization FRIENDS OF RADNOR LAKE 23-7322143 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contrib. to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl. ben. plans account & other (c) Comp. per week devoted to position than \$50,000 & 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 Part II-A (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 \$50,000 for other services

che	edule A (Form 990 or 990-EZ) 2006 FRIENDS OF RADNOR LAKE 23-7322	3143	F	age 2
	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		х
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a	<u> </u>	х
b	Lending of money or other extension of credit?	2b_		x
С	Furnishing of goods, services, or facilities?		ļ	х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		х
e	Transfer of any part of its income or assets?			x
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)			x
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	<u> </u>	x
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement			x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		х
4a b	lines 4f and 4g	4a4b		x
С				
ď				<u></u>
e				
f				
	amounts in such funds or accounts	-		<u> </u>
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	>		0

Schedule A (Form 990 or 990-EZ) 2006 Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.) Part IV I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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.) 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.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts 12 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 |X| An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type III-Functionally Intergrated Type III-Other Type I Type II Provide the following information about the supported organizations. (See page 7 of the instructions. (b) (c) (d) (e) Employer Type of is the supported Amount of Name(s) of supported organization(s) Identification organization organization listed in support (described in lines number (EIN) the supporting 5 through 12 organization's above or IRC governing documents? section) Yes No RADNOR LAKE NATURAL AREA 8 X Total An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-FZ) 2006 FRIENDS OF RADNOR LAKE

	rt IV-A Support Schedule (Con			1 or 12 \ Uso cash me	ethod of accounting	n
	: You may use the worksheet in the instruct					y•
			(b) 2004	(c) 2003	(d) 2002	(e) Total
		(a) 2005	(1) 2004	(0) 2003	(4) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do					
4.0	not include unusual grants. See line 28.)					
<u>16</u> 17	Membership fees received			 	†	
17	· I					
	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, and					
	unrelated business taxable income (less section 511 taxes) from businesses acquired	,				
	by the organization after June 30, 1975					
19	Net income from unrelated business					
	activities not included in line 18					
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit without charge. Do not include the value of		ļ			
	services or facilities generally furnished to the					
	public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					
24	Line 23 minus line 17				<u> </u>	
25	Enter 1% of line 23	1		<u> </u>		
26	Organizations described on lines 10 or	r 11: a Enter 2% o	of amount in column (e)), line 24	>	26a
Ł	Prepare a list for your records to show the			· ·		
	governmental unit or publicly supported o	•	-			
	amount shown in line 26a. Do not file thi	is list with your retur	n. Enter the total of all	these excess amounts	🏲 📮	26b
	Total support for section 509(a)(1) test: E			•••••	▶ 2	26c
C	Add: Amounts from column (e) for lines:	18				
	Dobling a second of the control of t		26b			26d
•	Public support (line 26c minus line 26d to			***************************************		26e
27	Public support percentage (line 26e (n Organizations described on line 12:					26f %
21	person," prepare a list for your records to			nd 17 that were receive	•	
	Do not file this list with your return. Er			eu in each year from, e	ach disqualined per	son. N/A
	•	2004)		131	(2002)	IV/ E
ì	For any amount included in line 17 that w		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		records to
	show the name of, and amount received					
	(Include in the list organizations describe					
	the difference between the amount receiv					
	amounts) for each year:		.,		,	N/A
	(2005) (2004)	(200	03)	(2002)	
(Add: Amounts from column (e) for lines:	15	16			
	17	20	21		. ▶ [:	27c
(d Add: Line 27a total	and line 2	_		▶ _2	27d
(Public support (line 27c total minus line 2				🕨 🗓	27e
1	Total support for section 509(a)(2) test: E					
	Public support percentage (line 27e (r					27g %
	Investment income percentage (line 1					27h %
28	Unusual Grants: For an organization de			-	-	
	prepare a list for your records to show, for	ar each vear, the nami	: OI IDE CONTROUTOR Th≥	nate and amount of the	a orant and a brief	

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2006 FRIENDS OF RADNOR LAKE

Part V 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)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/2	A	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		<u> </u>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	•••••••••••••••••••••••••••••••••••••••			
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	alitica construction of	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a	<u> </u>	├─
_	Administration colleges			
þ	Admissions policies?	33b	 	├─
С	Employment of faculty or administrative staff?	33c		
·	Employment of addition of active order.	330	_	
d	Scholarships or other financial assistance?	33d	ļ	ł
				\vdash
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		<u> </u>
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	· · · · · · · · · · · · · · · · · · ·	000000000000000000000000000000000000000		
34a	Does the organization receive any financial aid or assistance from a covernmental control		[ļ
J-4	Does the organization receive any financial aid or assistance from a governmental agency?	34a	 - -	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	1	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	340		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		7******
			_	

Sch	nedule A (Form 990 or 990-EZ) 2006 FRII	ENDS OF RADNOR LAKE		23-732214	.3 Page 6
	Part VI-A Lobbying Expenditur	es by Electing Public Charities (See LY by an eligible organization that filed			
Chi		o an affiliated group. Check ▶ b		ecked "a" and "limited con	trof provisions apply.
<u> </u>	Limits on Lo	bbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
_	(The term "expenditures	" means amounts paid or incurred.)	1		1
36	• - :	ic opinion (grassroots lobbying)			
37	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	ŧ i		
38	Total lobbying expenditures (add lines 36 and	d 37)	38		
39	Other exempt purpose expenditures		39		
40		s 38 and 39)			
41	Lobbying nontaxable amount. Enter the amo	unt from the following table-			
	If the amount on line 40 is-	The lobbying nontaxable amount is-			
	Not over \$500,000	20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000]		
42		of line 41)			
43		42 is more than line 36			
44		41 is more than line 38			
_	Caution: If there is an amount on either line	43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) (e) 2006 2004 2003 2005 fiscal year beginning in) Total 45 Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of li<u>ne 45(e))</u> 47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures
Part VI-B Lobbying Act Lobbying Activity by Nonelecting Public Charities

PROPERTY OF A STANDARD CONTRACTOR OF THE STANDAR					
	(For reporting only by organizations that did not complete Part VI-A) (See page	e 13 e	of the instructions.)	N/	1
During the year did	the organization attempt to influence national, state or local legislation, including any	l			_

Durir	ng the year, did the organization attempt to influence national, state or local legislation, including any	V		A
itten	npt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
а	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)			
С	Media advertisements			
d	Mailings to members, legislators, or the public			
е	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	Ĺ		
i	Total lobbying expenditures (Add lines c through h.)			
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			·

Page 7

Pa				nsfers To and Transaction page 13 of the instruction	s and Relationships With Noncharitab	le		
51					n any other organization described in section	_		
Ji				organizations) or in section 527, rel				
а				charitable exempt organization of:		ſ	Yes	No
-						51a(i)		X
						a(ii)		X
ь	Other transa							<u> </u>
D			with a nonch	aritable exempt organization		b(i)		x
						b(ii)		X
						b(iii)		X
	(iii) Reind	hurcoment arrangemen	t, Oi Oillei ass fe			b(iv)		X
	(iv) Reimt	or loop guarantees				b(v)		X
	(vi) Perfo	rmance of services or n	nembership or	fundraising solicitations		b(vi)		X
_						c		X
c d					(b) should always show the fair market value of the			1
u		-			ion received less than fair market value in any			
	-	· · · · · · · · · · · · · · · · · · ·	•	mn (d) the value of the goods, other				
_			I, snow in colu		•			
	(a) Line no.	(b) Amount involved	Name of	(c) noncharitable exempt organization	(d) Description of transfers, transactions, and sharing	arrangem	ents	
		1 1100111111111111111111111111111111111	-				-	
	T / B		 					
<u></u>	I/A	· · · · · · · · · · · · · · · · · · ·	 					
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	described i	•	Code (other th	with, or related to, one or more tax- ian section 501(c)(3)) or in section	exempt organizations 527?	Y .	es 2	K No
		(a) Name of organization		(b) Type of organization	(c) Description of relationship			
	N/A							
_								
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Federal Statements

23-7322143 FYE: 12/31/2006

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>		Amount
Book / Tax Deprec Difference SHOULD BE NO DEPRECIATION ADJUSTMENT		5,481 -5,481
SHOULD BE NO DEPRECIATION ADDUSTMENT		
Total	\$	0

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Federal Statements

23-7322143 FYE: 12/31/2006

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses		Program Service	Mgt & General		Fund- Raising
	\$	\$		\$	\$	
Expenses		_				
GIFTS & AWARDS	1,53		767			767
DUES & SUBSCRIPTIONS	20			200		
INSURANCE	1,13			1,130		_
BANK FEES	1,35			203		1,153
DEER & COYOTE STUDY	1,26		1,267			
JUNIOR RANGER PROGRAM	5,72	13	5,723			
CONTRACT LABOR						
EAGLE SCOUT PROJECTS		_				
ENVIRONMENTAL EDUCATION	3,51		3,513			
EVENTS	3,99		1,997			1,996
FEES	32			320)	
HOSPITALITY	1,77					1,774
NEWSLETTER	5,29		2,967			2,331
FRIST TECHNOLOGY GRANT	44	10	176	264	:	
GRANT FOR LAND PURCHASES						
LAND ACQUISITION GRANTS	333,14		333,142			
MEMBERSHIP OUTREACH	66		333			332
NETHERTON VIDEO	15		46			108
PROPERTY TAX	1,90		1,909			
PARK SUPPORT	6,51		6,511			
POSTAGE & HANDLING	4 8			245		244
PRINTING & PUBLICATIONS		LO		10		
SUPPLIES	52			262	?	262
PHONE	1,92			965	;	964
WEB SITE MAINTENANCE	3.9	90	195			195
COMPUTER EXPENSE	56	54		564		
ORAL HISTORY PROJECT	59	94	594			
WATER QUALITY STUDY	5,9	28	5,928			
CALENDAR EXPENSE	11,13	38				11,138
CALENDAR EXPENSE-PROMOTIONAL	24	15				245
LESS EXP IN REVENUE AS COGS	-11,1	38				-11,138
PUBLIC RELATIONS	4,2	75	4,275			
Total	\$ 383,8	77 \$	369,343	\$ 4,163	\$	10,371

23-7322143

Federal Statements

FYE: 12/31/2006

Statement 3 - Form 990, Part IV,	Line 54a - Publich	v Traded Securities

Statement 3 - Form 99	30, Part IV, Line 54a - Publicly Traded Securities
Description	Beginning End of Basis of of Year Year Valuation
US and State Government Corporate Stock	\$ \$
SECURITIES Corporate Bonds	Market
Total	\$ 0 \$ 0
Statement 4 - Form 990, Part IV,	Line 55 - Investments in Land, Buildings, and Equipment
Description	
	Beginning Accum End of Accum of Year Deprec Year Deprec
LAND	\$ \$ \$
CHEEK 2 PROPERTY	ų ų ų
MCCUBBIN PROPERTY	
FURNITURE	
CHEEK 1 PROPERTY	
DAVIS PROPERTY	
FURNITURE & EQUIPMENT	38,714 24,342
Total	\$ 0 \$ 0 \$ 38,714 \$ 24,342
Statement 5 - Form 990	, Part IV, Line 57 - Land, Buildings, and Equipment
Description	
	Beginning Accum End of Accum of Year Deprec Year Deprec
	\$ 1,015,437 \$ \$ 1,827,160 \$
Total	\$ <u>1,015,437</u> \$ <u>0</u> \$ <u>1,827,160</u> \$ <u>0</u>
Statement 6 -	Form 990, Part IV, Line 58 - Other Assets
Description	Beginning End of of Year Year
FUNDS HELD FOR OTHER AGENCY	\$ \$ 7,553
Total	\$ <u>0</u> \$ <u>7,553</u>

23-7322143

Federal Statements

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FYE: 12/31/2006

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
PAYROLL DEPOSIT LIABILITY ROUNDING DIFFERENCES	\$	\$
FUNDS HELD FOR OTHER AGENCY		7,553
Total	\$0	\$ 7,553

23-7322143

Federal Statements

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FYE: 12/31/2006

Statement 8 - Form 990, Part IV-B - Other Expenses included on Return

Description	 Amount
Book / Tax Deprec Difference	\$ 5,481
Total	\$ 5,481

23-7322143

Federal Statements

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FYE: 12/31/2006

Statement 9 - Form 990, Part VII, Line 103 - Other Revenue

Description	Business Code	Unrelat Amour		Exclusion Amount		Related Income
REVENUE FROM RADNOR REVELRY GRANT INCOME GENERAL CONTRIBUTIONS SALES OF MERCHANDISE		\$		\$	\$	
LICENSE PLATE INCOME NETHERTON VIDEO INCOME UNREALIZED LOSS ON SECURITI MISCELLANEOUS INCOME			1	57,763		
CALENDAR SALES LESS LOSS OF CALENDAR SALES						20,663 -11,138
Total		\$	0	\$ 57,763	\$_	9,525