			** PUBLIC DISCLOSURE COPY		OMB No. 1545-0047							
Forr		90	Return of Organization Exempt Fron Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	n Income Tax (except private foundatio	0040							
•		uary 2020) of the Treasury	Do not enter social security numbers on this form as it m		Open to Public Inspection							
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning JAN 1, 2020 and ending JUN 30, 2020												
B c a	heck if pplicab	le:	forganization	D Employer identifie	cation number							
	Addre] chang Name		NDS OF RADNOR LAKE		13							
	_chang Initial		usiness as r and street (or P.O. box if mail is not delivered to street address) Room/s									
	_return Final return termin	/ 1160	and street (or P.O. box if mail is not delivered to street address) Room/s OTTER CREEK RD	uite E Telephone numbe 615-251-	1471							
	ated Amen return	City or to NASH	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ H(a) Is this a group re	219,780. eturn							
	Applie tion		nd address of principal officer:KIMBERLY BELL-SCHULTHE	IS for subordinates								
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates ir	ncluded? Yes No							
		empt status:		527 If "No," attach a	list. (see instructions)							
			RADNORLAKE.ORG	H(c) Group exemptio								
				'ear of formation: 1973	A State of legal domicile: TN							
Ра	rt I	Summary										
e	1	Briefly describ	pe the organization's mission or most significant activities: PROTECTI MENT OF RADNOR LAKE STATE NATURAL ARE	ON, MAINTENAN	CE, AND							
Jan	_											
veri			x L if the organization discontinued its operations or disposed of n		ssets. 25							
Activities & Governance	3				25							
<u>م</u>	4		dependent voting members of the governing body (Part VI, line 1b)		0							
itie			of individuals employed in calendar year 2019 (Part V, line 2a) of volunteers (estimate if necessary)		450							
či			of volunteers (estimate if necessary)		0.							
Ă			business taxable income from Form 990-T, line 39		0.							
	~	Hot an olatou		Prior Year	Current Year							
đ	8	Contributions	and grants (Part VIII, line 1h)	1,038,910.	185,864.							
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.							
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	14,281.	6,967.							
£			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,249.	26,949.							
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,136,440.	219,780.							
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.							
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.							
es	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	64,308.	35,488.							
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 8 , 720 .	0.	0.							
ğ												
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	237,190.	100,294.							
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	301,498.	135,782.							
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12	834,942.	83,998.							
Net Assets or Fund Balances				Beginning of Current Year	End of Year							
Bala		Total assets (F		3,699,956. 1,795.	3,788,027. 5,868.							
let ∕ und			(Part X, line 26)	3,698,161.	3,782,159.							
	22 Irt II		fund balances. Subtract line 21 from line 20	5,090,101.	5,104,139.							
		-	I declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of m	v knowledge and belief it is							
			. Declaration of preparer (other than officer) is based on all information of which prep		y knowieuye anu pener, il 15							
<u></u> ,	COLLE		. ביטמומנוטה טר אובאמופר (טנוופר נוומר טוווטפר) וא אמצפט טררמו ווווטרוומנוטר טר אוווטר אוווטר אוווטר אוווטר או	מיטי וומס מווץ הווטשובעטב.								
Sia		Signature	e of officer	Date								

Orgin	-												
Here	KIMBERLY BELL-SCHULTHEIS, PRESIDENT												
	Type or print name and title												
	Print/Type preparer's name	Preparer's signature	Date Check PTIN										
Paid	FRANCES E. LEAHY	FRANCES E. LEAHY	11/23/20 ^{if} elf-employed P00713593										
Preparer	Firm's name KRAFTCPAS PLLC		Firm's EIN 🕨 62-0713250										
Use Only	Firm's address 555 GREAT CIRCLE	ROAD											
	NASHVILLE, TN 37228 Phone no.615-242-7351												
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No										
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)												

	990 (2019) FRIENDS OF RADNOR LAKE	23-73	22143	Pag
Pai	t III Statement of Program Service Accomplishments			-
	Check if Schedule O contains a response or note to any line in this Part III			[
1	Briefly describe the organization's mission: PROTECTION, MAINTENANCE, AND IMPROVEMENT OF RADNOR LA	AKE STATE	NATUR	AL
	AREA-ITS NATURAL ENVIRONMENT, HABITAT, FACILITIES, AN		ENT AN	D
	TO EDUCATE THE GENERAL PUBLIC ON THE IMPORTANCE OF TH	HE AREA.		
2	Did the organization undertake any significant program services during the year which were not listed on the	he		V
	prior Form 990 or 990-EZ?		Yes	
	If "Yes," describe these new services on Schedule O.		Yes	v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program server is a server of the ser	ices?	L Yes	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program servic	as as massured h	N ovpopoo	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t		•	
	revenue, if any, for each program service reported.		expenses,	and
4a	20.000	(Revenue \$		
	PROVIDE MAINTENANCE AND PROTECTION OF THE NATURAL ARI			
	SURROUNDING RADNOR LAKE STATE PARK THROUGH IDENTIFICA			
	ACQUISITION OPPORTUNITIES THAT MEET OUR CRITERIA WHIC			
	VIEWSHED, WATERSHED, WILDLIFE AND PLANT LIFE PROTECT	ION, PARK	SECUR	IT
	AND HIKING EXPERIENCE.			
16	(Code:) (Expenses \$ 65,541. including grants of \$)		21,	66
łb	(Code:) (Expenses \$ 05,541. including grants of \$) CONTINUE SUPPORT FOR PROJECTS AND PROGRAMS AT RADNOR	(Revenue \$ ד. מאד פיד מי		
	THAT ARE NOT FUNDED BY THE STATE.	DAVE SIX	IE FAN	. г .
	THAT ARE NOT FONDED BY THE STATE.			
	FRIENDS OF RADNOR LAKE FUNDS THE VOLUNTEER PROGRAM A		. <u>אע</u> ד ח	ΠУ
	ENGAGED APPROXIMATELY 450 VOLUNTEERS IN THE FIRST HAD			
	A 21 DAY PARK CLOSURE DUE TO COVID AND REOPENING WITH			
	LIMITED TO NINE WITH ONE RANGER FOR SAFETY. ON FEBRUA			
	RADNOR LAKE AND RADNOR LAKE STATE NATURAL AREA CO-HOS			-
	VOLUNTEER PROJECT IN THE STATE FOR WORLD WETLANDS DAY			ON
	DAY PROMOTING CLEAN WATERWAYS. ON THIS DAY, VOLUNTEED			
	OTHER REFUSE FROM THE WETLANDS AREA AT THE EAST END (
	DEMONSTRATING TO THE VOLUNTEERS HOW NATURAL RUNOFF IN			RE.
ŀc		(Revenue \$		21
	PROVIDE EDUCATION OF ENVIRONMENTAL STEWARDSHIP PRACT.		K	
	ACTIVITIES, VOLUNTEER PROGRAM AND SPONSORED PROJECTS			
	NEWSLETTER, ENVIRONMENTAL AWARDS, AND WEBSITE AND SOC			
	ACTIVITIES DURING THE YEAR INCLUDE BIRDING AND WILDF			NO
	FLOATS AND CELEBRATIONS OF AMERICAN EAGLE DAY, RACHED			
	NATIONAL TRAILS DAY AND NATIONAL PUBLIC LANDS DAY. A			ΊĒ
	ARE MANAGED BY RADNOR LAKE PARK STAFF WITH SUPPORT FI	KOM FRIEN	US OF	
	RADNOR LAKE.			
1.4	Other program convices (Describe on Schedule O)			
+a	Other program services (Describe on Schedule O.))	
ما	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 999,725.)	
re			Form 9	90 /
12000	SEE SCHEDULE O FOR CONTINUATIO	ON(S)	FUTTI	
2002				
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Form 990 (2019)

Part IV Checklist of Required Schedules

FRIENDS OF RADNOR LAKE

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	· ·		
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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 Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	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 Part VIII, lines			
	1c and 8a? 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? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation or Part IX, column (A) line 12 If "Xee," complete Schedule I, Parts Land II.	21		x
93200	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>		990	(2019)
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				1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	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		X
24a	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 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		x
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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Form 990 (2019)

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u></u>						
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b								
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	b If "Yes," enter the name of the foreign country ►									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		x						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f										
g										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
С	Enter the amount of reserves on hand 13c			37						
14a	· · · · · · · · · · · · · · · · · · ·	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v						
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.			v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2019)

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Form 990 (2	2019)
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FRIENDS OF RADNOR LAKE

Part 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 changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					
ect	tion A. Governing Body and Management					-
					Yes	
	Enter the number of voting members of the governing body at the end of the tax year	1 a	25	2		1
	If there are material differences in voting rights among members of the governing body, or if the governing					1
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			_		I
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25	2		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th	ne direo	ct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		Ι
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		I
	Did the organization have members or stockholders?			6		1
	Did the organization have members, stockholders, or other persons who had the power to elect or a					1
	more members of the governing body?			7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			14		1
				7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			75		ł
			•	0-	x	l
a	The governing body?			8a	X	┦
	Each committee with authority to act on behalf of the governing body?			8b		┦
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			_		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		1
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenue	e Code.)			٦
					Yes	_
	Did the organization have local chapters, branches, or affiliates?			10a		_
	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{.}$			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy befo	re filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b		I
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe			I
	in Schedule O how this was done			12c		
	Did the organization have a written whistleblower policy?			13		1
	Did the organization have a written document retention and destruction policy?			14		1
	Did the process for determining compensation of the following persons include a review and approv					t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					l
	The organization's CEO, Executive Director, or top management official			15a	x	ľ
						╉
	Other officers or key employees of the organization			15b		┥
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					l
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a			ł
	taxable entity during the year?			16a		4
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	n's			l
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{TN}$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	D-T (Section 501(c)(3)s only	/) avai	il
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain	n on Sc	hedule O)			
~	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, a	nd fina	ncial	
9	statements available to the public during the tax year.					
		ooks ar	nd records 🕨			
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records			
20	State the name, address, and telephone number of the person who possesses the organization's be TINA CORKUM - $615-251-1471$	ooks ar	nd records			_
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records	Form	9 90	_

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

X

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

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. • 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, if any. 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.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)							(D)	(F)				
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated			
	hours per	box, unless person is both an officer and a director/trustee)					h an	compensation	amount of				
	week					1		from	from related	other			
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the			
	related	e or c	stee			nsated		(W-2/1099-MISC)	(00-2/1033-10100)	organization			
	organizations	truste	al tru:		yee	nper		(and related			
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	her			organizations			
	line)	Indiv	Insti	Officer	Key	High emp	Former						
(1) MARIA CRISTINA CORKUM	45.00									_			
DIRECTOR				Х				0.	0.	0.			
(2) KIMBERLY BELL-SCHULTHEIS	2.00												
PRESIDENT		Х		Х				0.	0.	0.			
(3) WILL ROBINSON	0.50												
VICE PRESIDENT		Х		Х				0.	0.	0.			
(4) DEVIN FLOYD	2.00												
TREASURER		Х		Х				0.	0.	0.			
(5) NICOLE FILKINS	0.50												
SECRETARY		Х		Х				0.	0.	0.			
(6) NAN ADAMS	0.50												
DIRECTOR		Х						0.	0.	0.			
(7) AMY ATKINSON	0.50									_			
DIRECTOR		Х						0.	0.	0.			
(8) KAREN BIRD	0.50									_			
DIRECTOR		Х						0.	0.	0.			
(9) PAUL BUCHANAN	0.50												
DIRECTOR		Х						0.	0.	0.			
(10) ROBIN COCHRAN	0.50												
DIRECTOR		Х						0.	0.	0.			
(11) ROBIN CONOVER	0.50												
DIRECTOR		Х						0.	0.	0.			
(12) MARTHA COOPER	0.50									•			
DIRECTOR		Х						0.	0.	0.			
(13) DANNA FRANCIS	0.50									•			
DIRECTOR		X						0.	0.	0.			
(14) FAITH HABER GALBRAITH	0.50									•			
DIRECTOR		Х						0.	0.	0.			
(15) TIMOTHY HARVEY	0.50									•			
DIRECTOR		Х						0.	0.	0.			
(16) KARA JACOBS	0.50									•			
DIRECTOR		X						0.	0.	0.			
(17) JEFFREY KING	0.50									~			
DIRECTOR		Х						0.	0.	0.			
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D)												(F)	
Name and title	Average				sitior			Reportable	(E) Reportable		E۶	stimate	d
	hours per					e than is bot		compensation compensatio					
	week	offi	cer an	nd a d	directo	or/trus	tee)	from	from related			other	
	(list any	ctor						the	organizations	;	com	pensa	tion
	hours for	r dire				eq		organization	(W-2/1099-MIS	C)	fr	rom the	е
	related	Individual trustee or director	Institutional trustee			ensat		(W-2/1099-MISC)			org	anizati	ion
	organizations	l trus	nal tri		oyee	dwo					and	d relate	ed
	below	/id ua	tutior	e	Key employee	lest c	ner				orga	anizatio	ons
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former						
(18) BILLY LEAVELL	0.50												
DIRECTOR		X						0.		0.			Ο.
(19) BEV LEISER	0.50												
DIRECTOR		x						0.		0.			Ο.
(20) EDGAR ROTHSCHILD	0.50												
DIRECTOR		x						0.		0.			0.
(21) DIVYA SCHROFF	0.50					-		· ·		<u> </u>			<u> </u>
	0.50	x						0.		ο.			0.
DIRECTOR		^						0.		<u> </u>			0.
(22) MARC STENGEL	0.50												~
DIRECTOR		Х						0.		0.			0.
(23) ANN TIDWELL	0.50												
DIRECTOR		Х						0.		0.			0.
(24) GREER TIDWELL	0.50												
DIRECTOR		x						0.		0.			Ο.
(25) LESTER TURNER, JR.	0.50												
DIRECTOR		x						0.		0.			0.
(26) CHARLIE WRAY	0.50					-		Ŭ.					
DIRECTOR	0.50	x						0.		0.			0.
								0.		0.			0.
1b Subtotal					•••••			-		-			
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including bu	t not limited to th	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable	э			_
compensation from the organization													0
												Yes	No
3 Did the organization list any former offic	er, director, trust	ee, I	key e	emp	oloye	e, o	r hig	phest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J fo	r such individual		-							_	3		Х
4 For any individual listed on line 1a, is the											-		
and related organizations greater than \$										- 1	4		Х
5.						, ,		0			-		х
rendered to the organization? If "Yes," co	omplete Schedul	eJī	or si	ucn	pers	son .					5		
Section B. Independent Contractors													
1 Complete this table for your five highest	compensated in	depe	ende	ent o	cont	racto	ors t	that received more than	\$100,000 of com	pensa	ation f	irom	
the organization. Report compensation f	or the calendar y	ear	endi	ng ۱	with	or w	ithir	n the organization's tax	/ear.				
(A)								(B)			(C		
Name and busine	ss address	N	ONE	3				Description of s	ervices	C	ompe	nsatio	n
							_						
							-+						
2 Total number of independent contractor		ot li	mite	d to		-	stec	d above) who received m	ore than				
\$100,000 of compensation from the orga	anization 🕨					0							

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Га	rt V	III Statement of Revenue					
		Check if Schedule O contains a response or	r note to any line				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2 i	g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f	.85,864. 460. ■ Business Code	185,864.			sections 512 - 514
m S ven		c					
gra Re		d					
Pro		f All other program service revenue					
	9	g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes other similar amounts) Income from investment of tax-exempt bond pro	Dceeds ►	6,967.			6,967.
	5	Royalties	(ii) Personal				
	1	a Gross rents 6a 3,079. b Less: rental expenses 6b 0. c Rental income or (loss) 6c 3,079.					
		d Net rental income or (loss)	►	3,079.			3,079.
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a b Less: cost or other basis					
Revenue		and sales expenses 7b					
eve		c Gain or (loss) 7c					
er R		d Net gain or (loss)	····· ►				
Othe	8 6	a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events	►				
		a Gross income from gaming activities. See Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities a Gross sales of inventory, less returns	····· ►				
		and allowances					
		c Net income or (loss) from sales of inventory					
s		I	Business Code				
Miscellaneous Revenue		a LICENSE PLATE FEES	900099 900099	21,660. 2,210.	21,660. 2,210.		
ella ever		c		2,210.	2,210.		
Aisc R(d All other revenue					
~		e Total. Add lines 11a-11d		23,870.			
	12	Total revenue. See instructions	►	219,780.	23,870.	0.	10,046. Form 990 (2019)

FRIENDS OF RADNOR LAKE

Form 990 (2019)

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Part IX Statement of Functional Expenses

FRIENDS OF RADNOR LAKE

	Check if Schedule O contains a respons t include amounts reported on lines 6b,	e or note to any line in	this Part IX	· · · · · ·	
	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 0	Grants and other assistance to domestic organizations				
а	nd domestic governments. See Part IV, line 21				
2 0	Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	22 001	16 051	12 000	
	rustees, and key employees	33,001.	16,251.	13,000.	3,750
	Compensation not included above to disqualified				
•	ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)				
7 (Other salaries and wages				
	Pension plan accruals and contributions (include				
s	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes	2,487.	1,243.	995.	249
	ees for services (nonemployees):				
a N	/anagement				
bι	egal				
сA		4,000.		4,000.	
d L	obbying				
e P	Professional fundraising services. See Part IV, line 17				
f li	nvestment management fees				
g (Other. (If line 11g amount exceeds 10% of line 25,				
C	olumn (A) amount, list line 11g expenses on Sch 0.)				
12 A	Advertising and promotion	4,361.	4,361.		
	Office expenses	4,312.	43.	1,913.	2,356
1 4 li	nformation technology	4,318.	3,036.	902.	380
15 F	Royalties				
16 (Decupancy				
17 T	ravel				
18 F	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	1 0 5 0	110	110	01.4
19 (Conferences, conventions, and meetings	1,050.	118.	118.	814
	nterest				
	Payments to affiliates	1 004		1 004	
	Depreciation, depletion, and amortization	1,904. 3,277.		1,904.	
		5,211.		3,277.	
a li	Other expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A)				
	mount, list line 24e expenses on Schedule 0.)	61 527	64,537.		
	ARK SUPPORT	64,537. 9,074.	9,074.		
	TELEPHONE AND INTERNET	3,345.	9,074.	1,170.	1,171
	GIFTS AND ENVIRONMENTAL	<u> </u>	58.	58.	±,±/⊥
-		TTO.	.00		
	All other expenses	135,782.	99,725.	27,337.	8,720
	loint costs. Complete this line only if the organization	200,102.			0,,20
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
0					

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Part X Balance Sheet

1 0		Check if Schedule O contains a response or not	e to an	line in this Part X			
		Check in Conecule O Contains a response of fiol	o to all	יוויס וו נווס רמונא	(A)	1	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			49,192.		129,111.
	2	Savings and temporary cash investments	1,258,269.		1,265,236.		
	3	Pledges and grants receivable, net	116,188.		120,687.		
	4	Accounts receivable, net			12,591.	4	11,171.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
◄	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,300,853.			
	b				2,263,716.	10c	2,261,822.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	2 700 007
	16	Total assets. Add lines 1 through 15 (must equa			3,699,956. 1,795.	16	3,788,027. 5,868.
	17	Accounts payable and accrued expenses			1,795.	17	,000.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ties	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				22	
Lia	23	controlled entity or family member of any of thes Secured mortgages and notes payable to unrela		E Contraction of the second seco		22	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa				27	
	20	parties, and other liabilities not included on lines	-				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,795.		5,868.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27				3,033,950.	27	3,028,078.
Ba	28	Net assets with donor restrictions			664,211.	28	754,081.
pur		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
ls o	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	luipmer	it fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		E		31	
Ne	32	Total net assets or fund balances			3,698,161.		3,782,159.
	33	Total liabilities and net assets/fund balances			3,699,956.	33	3,788,027.
							Form 990 (2019)

FRIENDS OF RADNOR LAKE

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 2 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 83, 998. 4 3, 698, 161. 5 At tassets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6 0 7 Investment expenses 6 7 7 8 0 9 0. 10 3, 782, 159. 2a 1 7 7 8 7 9 0. 10 3, 782, 159. 2a 1 7 3, 782, 159. 2a X 1 Accounting method used to prepare the Form 990: Cash 2a X Yes 1 Accounting method used to prepare the Form 990: Cash 2a X Yes 11 Accounting method used to prepare the form 90: <th></th> <th>990 (2019) FRIENDS OF RADNOR LAKE</th> <th><u>23-73</u></th> <th>22143</th> <th>Paç</th> <th>ge 12</th>		990 (2019) FRIENDS OF RADNOR LAKE	<u>23-73</u>	22143	Paç	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 219,780 2 Total expenses (must equal Part IX, column (A), line 25) 2 1335,782. 3 Revenue less expenses. Subtract line 2 from line 1 3 83,998. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,698,161. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 8 7 7 8 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3, 782, 159. Part XII Financial Statements and Reporting X X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 6 6 7 7 8 9 0 ther changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 11 12 12 13 14 15 16 16 17 17 18 19 10 10 10 10 10 11 12 12 13 14 15 16 16 17 17 18 19 10 10 10 10 10 11 12 12 13 14 15 15 16 16 17 17 18 19 11 10 12 14 <t< th=""><th></th><th>Check if Schedule O contains a response or note to any line in this Part XI</th><th></th><th></th><th></th><th></th></t<>		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 6 6 7 7 8 9 0 ther changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 11 12 12 13 14 15 16 16 17 17 18 19 10 10 10 10 10 11 12 12 13 14 15 16 16 17 17 18 19 10 10 10 10 10 11 12 12 13 14 15 15 16 16 17 17 18 19 11 10 12 14 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th></t<>						
3 Revenue less expenses. Subtract line 2 from line 1 3 83,998. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,698,161. 5 6 6 7 6 7 6 6 7 8 7 8 9 0.the changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 3,782,159. 7 8 Part XII Financial Statements and Reporting X X Check if Schedule 0 contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. X X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis Both consolidated and separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis Both consolidated and separate basis. 2b X If "Yes	1		1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3, 698, 161. 5 Net unrealized gains (losses) on investments 5 6 0onated services and use of facilities 6 7 8 6 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 3, 782, 159. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2a X 1f "Yes," check a box below to indicate whether the financial statements for the year were audite	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis b Were the organization of the financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis b Were the organization of the financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis consolidated basis, or both: I X Separate basis Consolidated basis Dother reviewed and separate basis C If "Yes," the a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: I I Separate bas	3		-			
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7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10 3,782,159. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Wree the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X If "Yes," to line 2a or 2b, does the organization have a committee th	5	Net unrealized gains (losses) on investments	5			
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Act and OMB Circular A-133?		3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·EZ)
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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

13499-01

Name of the organization	1
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13001123 781331 13499-1920

Employer identification number 23-73221/3

			NDS OF RAD					2	3-7322143
Pa	tl	Reason for Public	Charity Status (A	All organizations must co	omplete th	nis part.) S	ee instructions.		
The o	organi	ization is not a private found	dation because it is: (For lines 1 through 12, c	heck only	/ one box.))		
1		A church, convention of ch	nurches, or associatio	on of churches described	d in sectio	on 170(b)(1)(A)(i).		
2		A school described in sect	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 17	0(b)(1)(A)(i	iii).		
4		A medical research organiz	zation operated in co	njunction with a hospital	describe	d in sectio	on 170(b)(1)(A)(iii).	Enter	the hospital's name,
		city, and state:							
5		An organization operated f	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit d	escril	oed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6		A federal, state, or local go	overnment or governn	nental unit described in s	section 1	70(b)(1)(A)(v).		
7		An organization that norma	ally receives a substa	ntial part of its support f	rom a gov	/ernmenta	l unit or from the ge	enera	public described in
		section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8		A community trust describ	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conji	unction with a land-	grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	e name, cit	y, and state of the o	colleg	je or
		university:							
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ions, membership f	ees, a	and gross receipts from
		activities related to its exer	mpt functions - subjec	ct to certain exceptions,	and (2) n	o more tha	an 33 1/3% of its su	Ippor	t from gross investment
		income and unrelated busi		(less section 511 tax) fro	om busine	esses acqu	uired by the organiz	ation	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11	37	An organization organized	-	•	•				
12	Х	An organization organized	•	•	•				• •
		more publicly supported o	-				-		Check the box in
	v	lines 12a through 12d that	• •			-			
а	X	11 0 0							
		the supported organizati			a majority	of the dire	ectors or trustees of	thes	supporting
		organization. You must	-					I	
b		Type II. A supporting or					•	-	-
		control or management of			ame pers	ons that c	ontrol or manage th	ie sup	oported
-		organization(s). You mus	-		in connor	tion with	and functionally int	oarot	ad with
C	L	J Type III functionally into					-	egrat	ea with,
4		its supported organizatio							ization(a)
d		J Type III non-functional						-	
		that is not functionally in requirement (see instruc			•		-	attern	IVENESS
е	X		,	•		-		na III	
e		functionally integrated, c					а турет, турет, ту	pe m	
f	Ente	er the number of supported	••		ing organ				1
		vide the following informatio		ed organization(s)					·
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ling document?	(v) Amount of mone	etary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruct	tions)	support (see instructions)
RAI	DNO	R LAKE NATURAI	1						
ARE	ΞA		62-6001445	6	x		64,5	37.	
-								27	0.
Tota							64,5		
LHA	⊦or P	Paperwork Reduction Act I	Notice, see the Instr	uctions for Form 990 o 13		• 932021 09	-25-19 Schedule	۹ (Fo	rm 990 or 990-EZ) 2019

2019.05000 FRIENDS OF RADNOR LAKE

Schedule A (Form 990 or 990-EZ) 2019 FRIENDS OF RADNOR LAKE

23-7322143 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(,	(-) =	(-) · · ·	(-,	(-) == · · -	(1) 1
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi				12	
	First five years. If the Form 990 is for	,	,	d fourth or fifth t			
10	organization, check this box and stop	-			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (I			column (f))		14	%
	Public support percentage from 2018		-			15	%
	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies	•					
b	33 1/3% support test - 2018. If the c		•				his box
-	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances tes	-	-	• • • •			
~	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
10	i mate roundation. It the organizatio	n diù not check a		a, 100, 17a, 01 171			

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 FRIENDS OF RADNOR LAKE

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	019 (f) To	tal
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per-							
	formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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							
	Amounts included on lines 1, 2, and					1		
	3 received from disgualified persons							
k	Amounts included on lines 2 and 3 received							
-	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
8 See	Public support. (Subtract line 7c from line 6.)							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	019 (f) To	tal
	Amounts from line 6	(4) 2010	(2) 2010	(0) = 0	(0) = 0 + 0	(0)=		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
ł	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
							<u> </u>	
	Add lines 10a and 10b 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							
13	assets (Explain in Part VI.)							
	First five years. If the Form 990 is for	the organization	s first. second. thi	rd. fourth. or fifth t	ax vear as a section	n 501(c)(3) organization.	
	check this box and stop here			<i>, , ,</i>	-		,	
Se	ction C. Computation of Publ	ic Support Pe	ercentage					
15	Public support percentage for 2019 (I	ine 8, column (f),	divided by line 13,	column (f))		15		9
16	Public support percentage from 2018	Schedule A, Par	t III, line 15			16		9
Se	ction D. Computation of Invest							
	Investment income percentage for 20					17		ģ
18	Investment income percentage from 2					18		,
	33 1/3% support tests - 2019. If the						and line 17 is not	
	more than 33 1/3%, check this box a	-						
F	33 1/3% support tests - 2018. If the							
Ľ.								
<u> </u>	line 18 is not more than 33 1/3%, che							
	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check t				
1320	23 09-25-19			15	Sch	eaulé A (F	orm 990 or 990-E	201
101	L123 781331 13499-19	20 20	19.05000	FRIENDS O		L'7KE	13499	01
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Yes

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4b

4c

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5b

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10b

No

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inside	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019 FRIENDS OF RADNOR LAKE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrat	ed Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 FRIENDS OF RADNOR LAKE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	he organization is responsive	e			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
_1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reason-					
	able cause required- explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2019					
a	From 2014					
b	From 2015					
c	From 2016					
d	From 2017					
e	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from Section D, line 7: \$					
	Applied to underdistributions of prior years					
-	Applied to 2019 distributions of phot years					
-	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
5	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
0	C C C C C C C C C C C C C C C C C C C					
	and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
-	Excess from 2015					
	Excess from 2016					
-	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
e	LAUG33 110111 2013			(Forme 000 or 000 F7) 0040		

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

PURPOSE	ES.	THE C	ORGANI	ZATION	I CHA	NGED	ITS	YEAF	R-END	FROI	M DEC	EMBER	то	JUNE
TO BETT		ALIGI	N WITH	. REPOR	CLING	PERI	005	FUR	GRAN	TORS	AND	OTHER	FUN	DING
SOURCES	5.													
													(F	
932028 09-25-19)							20			S	chequie A (Form 9	990 or 990-EZ)

Schedule A (Form 990 or 990 EZ) 2019 FRIENDS OF RADNOR LAKE

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PUBLIC SUPPORT SHORT YEAR EXPLANATION:

THE ORGANIZATION'S CURRENT TAX YEAR IS A SHORT YEAR FROM 1/1/2020 TO

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

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FRIENDS	OF	RADNOR	LAKE	

Samedion (Jpo (oncon onc).				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year **>** \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

13001123 781331 13499-1920

Name of organization

23-7322143

FRIENDS OF RADNOR LAKE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$ <u>80,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- _ \$5,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	⁵⁻¹⁹ 22	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

2019.05000 FRIENDS OF RADNOR LAKE

13499-01

Name of organization

Employer identification number

23-7322143

FRIENDS OF RADNOR LAKE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. !		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· ·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. 		 \$	

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2019.05000 FRIENDS OF RADNOR LAKE

Page 4

ame of orgar	nization			Employer identification number		
RIENDS	OF RADNOR LAKE			23-7322143		
fr	xclusively religious, charitable, etc., contributi rom any one contributor. Complete columns (a) ompleting Part III, enter the total of exclusively religious, c Jse duplicate copies of Part III if additional	through (e) and the following line ent haritable, etc., contributions of \$1,000 or I	ry For organizations			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gift				
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee		
) No.						
rom Vart I	(b) Purpose of gift	(c) Use of gift	(d) Desi	cription of how gift is held		
		(e) Transfer of gift				
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee		
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee		
454 11-06-19		24	Schedule	B (Form 990, 990-EZ, or 990-PF) (2		

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13499-01

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

FRIENDS OF RADNOR LAKE



13499-01

Name of the organization	Name	of the	organization
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13001123 781331 13499-1920

Employer identification number 23-7322143

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds				
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor						
	for charitable purposes and not for the benefit of the donor						
	impermissible private benefit?						
Pa							
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).					
	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	storically important land area				
	Protection of natural habitat		rtified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b							
с	Number of conservation easements on a certified historic st						
d	Number of conservation easements included in (c) acquired						
	listed in the National Register		2d				
3							
	vear ►						
4	Number of states where property subject to conservation ea	asement is located					
5	Does the organization have a written policy regarding the pe						
	violations, and enforcement of the conservation easements		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting						
-	•	,					
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year				
-	► \$						
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)				
_	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat						
-	balance sheet, and include, if applicable, the text of the foot	•					
	organization's accounting for conservation easements.						
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	r Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and t	palance sheet works				
	of art, historical treasures, or other similar assets held for pu	-					
	service, provide in Part XIII the text of the footnote to its fina	incial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and bala	nce sheet works of				
	art, historical treasures, or other similar assets held for publi	· · ·					
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$				
			N				
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under FASB						
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$				
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019				
	10-02-19		、, - , -				
		25					

2019.05000 FRIENDS OF RADNOR LAKE

_		OF RADNOR	LAK	E				23-73	2214	3 _{Pa}	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	er Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checl	< any of the	following tha	t make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit of		,		,				٦		٦
Des	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on	Form 990), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
та	Is the organization an agent, trustee, custod								7		7
b	on Form 990, Part X?							······ ∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the id	nowing t	able:					A.m.o.un	+	
-	Designing belongs						10		Amoun	L	
	Beginning balance Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par											
		(a) Current year	(b) P	rior year	(c) Two year	's back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance									-	
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for t	he organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
	If "Yes" on line 3a(ii), are the related organiza								3b		·
4	t VI Land, Buildings, and Equipm		owment	runds.							
Fai	Complete if the organization answere		0 Part IV	/ lino 110 S	Soo Form 000	Dort V	lino 10				
								d		kvolu	
	Description of property	(a) Cost or c basis (investr		• •	or other (other)		ccumulate preciation		(d) Boo	r value	3
10	Land				4,634.	uep			2,18	4 6	34.
	Land				0,300.		35,10			$\frac{1}{5,1}$	
	Buildings Leasehold improvements				3,945.		$\frac{33,1}{1,9!}$			$\frac{1}{2}$	
	Equipment				1,974.		1,9		<u> </u>	-,,	0.
	Other				_,_,		_,,				
	Add lines 1a through 1e. (Column (d) must e		X colun	nn (R) line 1	0c)				2,26	1.8	22.
Total		gaan onn 030, i dil	., coluli	ייי, שווור אווי אוויין ש			<u></u>			-, •	

Schedule D (Form 990) 2019

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 (1) Financial derivatives (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) Closely held equity interests (c) (c) (c) (c) (3) Other (c) (c) (c) (c) (c) (B) (c) (c)

(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 15.)	
Part X Oth	er Liabilities.	
Com	plete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedul	e D (For	rm 990)	2019

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Sche	dule D (Form 990) 2019 FRIENDS OF RADNOR LAKE			23-	7322143 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-			
1	Total revenue, gains, and other support per audited financial statements			1	1,452,319.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	26,000.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		1,206,539.		
е	Add lines 2a through 2d			2e	1,232,539.
3	Subtract line 2e from line 1			3	219,780.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	219,780.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		lith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			-	
1	Total expenses and losses per audited financial statements			1	533,379.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	26,000.		
b	Prior year adjustments	_ 2b			
с	Other losses	_ 2c			
d	Other (Describe in Part XIII.)	2d	371,597.		
е	Add lines 2a through 2d			2e	397,597.
3	Subtract line 2e from line 1			3	135,782.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	135,782.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR
EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S INCOME
TAX RETURN TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE
LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE
APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF
ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS
DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE
LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE WERE NO PROVISIONS FOR
INCOME TAXES, PENALTIES, OR INTEREST RECEIVABLE OR PAYABLE RELATING TO
UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

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PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM 12 MONTH RETURN

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM 12 MONTH RETURN

371,597.

1,206,539.

SCHEDULE D, PAGE 4, LINE 2D

THE ORGANIZATION IS CHANGING THEIR ACCOUNTING PERIOD FROM 12/31 TO 6/30.

THE AUDIT WAS PERFORMED FOR AN 18 MONTH PERIOD. THE ACTIVITY FOR THE SIX

MONTHS ENDING 6/30/20 ARE REPORTED ON A SEPARATE FORM 990. THOSE AMOUNTS

HAVE BEEN REMOVED FROM THE TOTAL AUDIT BALANCES IN THE RECONCILIATION

PROCESS.

Schedule D (Form 990) 2019

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SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information.



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Employer identification number 23-7322143

FRIENDS OF RADNOR LAKE

FORM 990, PART I, LINE 5:

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PART I, LINE 5 THERE ARE ZERO EMPLOYEES FOR THE SIX MONTH SHORT PERIOD

RETURN. INSTRUCTIONS FOR PART V, LINE 2A INDICATE TO ENTER -0- IF THE

ORGANIZATION IS FILING FOR A SHORT YEAR AND NO CALENDAR YEAR ENDED

THE CURRENT TAX YEAR (1/1/20 - 6/30/20) IS A SHORT WITHIN ITS TAX YEAR.

PERIOD WITHIN WHICH THERE IS NO CALENDAR YEAR END.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CAN HAVE A NEGATIVE IMPACT ON THE WETLANDS HABITAT. OTHER NOTABLE

VOLUNTEER EVENTS IN THIS PERIOD WERE INVASIVE PLANT REMOVAL WEEK AND

NATIONAL TRAIL DAY PROJECTS. PARK STAFF MANAGES ALL VOLUNTEERS ON PARK

PROPERTY AS THEY ASSIST WITH TRAIL MAINTENANCE AND WETLANDS CLEAN-UPS.

JUNIOR RANGERS INTERN PROGRAMS HAVE BEEN HOSTED EVERY SUMMER FOR THE LAST 19 YEARS, ENGAGING LOCAL TEENAGERS IN A SIX-DAY INTERNSHIP PROGRAM WHICH INTRODUCES INTERNS TO CONSERVATION AND ENVIRONMENTAL STEWARDSHIP PRACTICES. DUE TO COVID-19 RESTRICTIONS IN THE PARK, THE JUNIOR RANGERS INTERN PROGRAM WAS LIMITED TO EIGHT INTERNS PLUS TWO RANGERS. DAILY WORK INCLUDES TRAIL MULCHING, MAINTENANCE WITHIN THE PARK AND AT THE BARBARA J. MAPP AVIARY EDUCATION CENTER, AND EDUCATION ELEMENTS THROUGHOUT THE WEEK. THIS YEAR, JUNIOR RANGERS INTERNS WORKED ON A NEW STRETCH OF TRAIL ON THE HARRIS RIDGE, A MORE RECENTLY ACQUIRED PIECE OF PROPERTY. HARRIS RIDGE TRAIL WILL BE A THREE MILE TRAIL BUILT TO NATIONAL TRAIL STANDARDS AND WILL CONNECT OTTER CREEK ROAD TO A NEW TRAILHEAD AT FRANKLIN ROAD.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19 30 2019.05000 FRIENDS OF RADNOR LAKE

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FRIENDS OF RADNOR LAKE	Employer identification number 23-7322143
FRIENDS OF RADNOR LAKE HELPS FUND THE NATIVE GRASSLANDS I	NITIATIVE, A
FIVE YEAR NATURAL AREAS PLAN TO REMOVE INVASIVE-EXOTIC PL	ANTS IN TARGET
AREAS AND PLANT A CUSTOM SEED MIX TO RETURN 40 ACRES OF L	AND TO THE
NATIVE GRASSES THAT EXISTED AT RADNOR 50 YEARS AGO. THESE	NATIVE
GRASSES ATTRACT AND SUSTAIN POLLINATORS AND BUTTERFLIES,	AND WE HAVE
SEEN A DRAMATIC INCREASE IN THE SIZE OF THE POLLINATOR PO	PULATION IN
THESE REPLANTED AREAS IN RECENT YEARS.	

THE BARBARA J. MAPP AVIARY EDUCATION CENTER OPENED AT RADNOR IN 2015. FRIENDS OF RADNOR LAKE RAISED THE FUNDS TO BUILD THIS FACILITY AND MADE A COMMITMENT TO SUSTAIN THE EAGLE PROGRAM. AT THE BJMAEC, PARK STAFF CARE FOR SEVEN NON-RELEASABLE BIRDS OF PREY THAT HAVE BEEN DESIGNATED AS EDUCATION ANIMALS DUE TO PERMANENT INJURIES. THESE RAPTORS, WHICH COULD NOT SURVIVE IN THE WILD, ARE USED FOR EDUCATION EXPERIENCES FOR THE GENERAL PUBLIC, WITH INTERPRETIVE PROGRAMMING AVAILABLE THE TWO DAYS A WEEK WHEN THE AREA IS OPEN TO THE PUBLIC.

FRIENDS OF RADNOR LAKE PARTNERS WITH RADNOR LAKE STATE NATURAL AREA TO PROVIDE FUNDING FOR ADDITIONAL NEEDS AT THE PARK LIKE SPOTTING SCOPES, TRAINING WORKSHOPS FOR RANGERS, SIGNAGE IN THE PARK, AND MANY OTHER NEEDS APPROVED BY OUR BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS TO REVIEW 990: DIRECTOR AND THE BOARD OF DIRECTORS REVIEW FORM 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 15A:

 THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL (THE ORGANIZATION'S SOLE

 Schedule O (Form 990 or 990-EZ) (2019)

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Name of the organization FRIENDS OF RADNOR LAKE							Employer identification number 23-7322143					
EMPLOYEE)	тs	REVIEWED	AND	APPROV	ТЕD	ANNIIALLY	BY	тне	HR	AND	EXECUTIVE	BOARD
			1110							11112		201112
COMMITTEES	5.											
FORM 990,	PAE	RT VI, SEG	OITS	JC, LI	NE	19:						

ALL REQUIRED INFORMATION IS MAINTAINED BY THE DIRECTOR AND AVAILABLE UPON

REQUEST. INFORMATION IS ALSO AVAILABLE ON THE GUIDESTAR WEBSITE.

FORM 990, PART VII, SECTION A, PAGE 7:

NO COMPENSATION IS BEING REPORTED ON PART VII BECAUSE THE CURRENT TAX

YEAR (1/1/20 - 6/30/20) IS A SHORT PERIOD WITHIN WHICH THERE IS NO

CALENDAR YEAR END. COMPENSATION RELATED TO THE SHORT PERIOD WILL BE

REPORTED ON THE 2020 TAX RETURN FOR THE FISCAL YEAR ENDED 6/30/2021.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

PROCESS REGARDING THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

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