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RADNED

Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax, Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except blacklung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

RADOR EDUCATIONAL FOUNDATION INC 23-2790936	A For the	2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/	12	1	11
Core pursuance Core				D Employer	identification number
Temporary Temp	Address cl			22_2	700036
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Application pending F Reason and acidess of principal efficient 1 1 1 1 1 1 1 1 1	X Amended	return WAYNE PA 19087		G Gross receipt	s\$ 190,712
The exempt status No. Solicios Solic	=	F Name and address of principal officer		<u> </u>	
Tax-exempt satus	Application	Penung	H(a) Is this a g	group return for affil	liates? Yes X No
Tax-exempt status			H(b) Are all ar	ffiliates included?	Yes No
Wester Name			If "N	o," attach a list (s	ee instructions)
Form dragszeton X Coponate Tost Association Other Veser formation 1994 w State of begul domorce Park Summary	I Tax-exen		_		
Summary 1					
1 Briefly describe the organization's mission or most significant activities PROVIDE EDUCATIONAL GRANTS 2 Check this box ▶			Year of formation 1	.994 _м	State of legal domicile P2
PROVIDE EDUCATIONAL GRANTS 2 Check this box ▶		· · · · · · · · · · · · · · · · · · ·			
2 Check this box	1 E	·			
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Beginning of Current Year End of Year 224 , 812 264 , 00 224 , 812 264 , 00 36 , 156 72 , 33 6 , 156 72 , 156 72 , 156 72 , 156 72 , 156 72 , 156 72 , 156 72					3,082
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer	58	Coronado Isado españose españose mile vo mentrimo 12	Beginning of Cu	rrent Year	
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer	88 21 7				72,330
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer		···		<u> </u>	
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer			sonto and to the h	oot of my know	dedge and holief it is
Sign Signature of officer Date Signature of officer Date Signature of officer Date Signature of officer Type or print name and title Print/Type preparer's name Preparer's signature Date Check X if PTIN Carole A. T. Smith, CPA Carole A. T. Smith, CPA Date O2/27/13 Self-employed P00140253 Signature of officer Date Check X if PTIN O2/27/13 Self-employed P00140253 Firm's name PRADNOR TAX SERVICES LLC Firm's EIN Page Date Date Check X if PTIN O2/27/13 Self-employed P00140253 Firm's address RADNOR TAX SERVICES LLC Firm's EIN Page Date Phone no Check X if PTIN O2/27/13 Self-employed P00140253 Firm's address RADNOR, PA 19087-4428 Phone no 610-688-61 O2/27/13 Self-employed P00140253 O2/27/13 Self-employed P00140253 Firm's address RADNOR, PA 19087-4428 Phone no 610-688-61 O2/27/13 Self-employed P00140253 O2/27/13 Self-employed P00					neage and belief, it is
Carole A. T. Smith, CPA Preparer's signature Date Check X f PTIN		NHAM and All of 1104		2/1/	//)
Carole A. T. Smith, CPA Preparer's signature Date Check X f PTIN	Cian	Supparting of officer		Date Date	//3
Type or print name and title Print/Type preparer's name Carole A. T. Smith, CPA Carole A. T. Smith, CPA RADNOR TAX SERVICES LLC Firm's name RADNOR, PA 19087-4428 Ray the IRS discuss this return with the preparer shown above? (see instructions) Type or print name and title Preparer's signature O2/27/13 self-employed P00140253 Firm's EIN 23-254644 Phone no 610-688-61 Type or print name and title	_			50.0	
Print/Type preparer's name Carole A. T. Smith, CPA Carole A. T. Smith, CPA RADNOR TAX SERVICES LLC Firm's name	пеге				
Taid Carole A. T. Smith, CPA COUCL A JAMA 02/27/13 self-employed P00140253 Treparer Ise Only 336 KING OF PRUSSIA RD. Firm's address RADNOR, PA 19087-4428 Tay the IRS discuss this return with the preparer shown above? (see instructions) To Paperwork Reduction Act Notice, see the separate instructions.			I s		er loru
reparer Furm's name RADNOR TAX SERVICES LLC Furm's EIN 23-254644 See Only 336 KING OF PRUSSIA RD. Furm's address RADNOR, PA 19087-4428 Phone no 610-688-61 All y the IRS discuss this return with the preparer shown above? (see instructions) Yes I Or Paperwork Reduction Act Notice, see the separate instructions. Form 990 (a	Doid	Paralock	\sim 1	٠ ،	- i
See Only 336 KING OF PRUSSIA RD. Firm's address RADNOR, PA 19087-4428 Asy the IRS discuss this return with the preparer shown above? (see instructions) or Paperwork Reduction Act Notice, see the separate instructions.		Calole R. 1. Smith, CER	1 02/27	/13 self-emplo	
RADNOR, PA 19087-4428 Phone no 610-688-61 May the IRS discuss this return with the preparer shown above? (see instructions) Or Paperwork Reduction Act Notice, see the separate instructions.	•			Firm's EIN	23-2546446
lay the IRS discuss this return with the preparer shown above? (see instructions) or Paperwork Reduction Act Notice, see the separate instructions. Form 990 (3	Use Only		ļ		
or Paperwork Reduction Act Notice, see the separate instructions.		Firm's address RADNOR, PA 19087-4428	[ı	Phone no	<u>610-688-616</u> 2
	May the IR	S discuss this return with the preparer shown above? (see instructions)			Yes No
AA		work Reduction Act Notice, see the separate instructions.	-		Form 990 (201
	DAA				90.17

Pai		FIONAL FOUNDATION INC 23- n Service Accomplishments	-2790936	Page 2
	——————————————————————————————————————	ontains a response to any question in this P	art III	
	Briefly describe the organization's mis ROVIDE EDUCATIONAL			
	Did the organization undertake any signior Form 990 or 990-EZ? If "Yes," describe these new services	inificant program services during the year which were	not listed on the	Yes X No
3	Did the organization cease conducting services?	, or make significant changes in how it conducts, any	program	Yes X No
4	expenses Section 501(c)(3) and 501(chedule O ervice accomplishments for each of its three largest p c)(4) organizations and section 4947(a)(1) trusts are re ital expenses, and revenue, if any, for each program s	equired to report the amount of	
V	PPORTUNITIES FOR EL	100,693 including grants of \$ OVIDE STUDENT ENRICHMENT A UCATIONAL INNOVATION FOR T ADNOR TOWNSHIP SCHOOL DIST	HE BENEFIT	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$;
	Other program services (Describe in (Expenses \$	Schedule O) including grants of \$	(Revenue \$	

Part IV Checklist of Required Schedules

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	$\neg \dagger$	103	110
-	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	İ		
	election in effect 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,	ŀ	- 1	
	Part III	5	1	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	j		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete 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, 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,"		ļ	
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		l	
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		1	
	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
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI, XII, and XIII	12a	X	
þ	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, XII, and XIII is optional	12b		X
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		<u> </u>
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	۱		v
4-	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 assistance to any	ا ء۔ ا		v
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40		v
47	to individuals located outside the United States? 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	4.		x
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	x	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	^	_
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Ves." complete Schedule G. Part III.	40		x
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	202		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-+	
<u>u</u>	11 165 to line 20a, one the organization attach a copy of its audited financial statements to this feturn?	ZUD		

Part IV	Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		}	
	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			7.7
0 4-	employees? If "Yes," complete Schedule J	23		<u> </u>
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 25	24a		<u>x</u>
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	, , , , , ,	25-		v
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		<u> </u>
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	256		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	i	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
_,	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ŀ	
	entity 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 instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Ì	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	l	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	ľ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	T		
	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			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	l		
	IV, and V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		İ	
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		j	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	[<u> </u>
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,	l	ļ	
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>
		_	000	

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Form 990 (2011)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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 b 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? 7с 7d đ If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations, Enter. Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations, Enter. Gross income from members or shareholders а 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand 13c X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O þ

State the name, physical address, and telephone number of the person who possesses the books and records of the

135 S WAYNE AVE

Form 990 (2011)

PA 19087-3925 610-687-5235

WAYNE

20

organization > GRETCHEN ANDERSEN

Form 990 (201), RADNOR	EDUCATIONAL	FOUNDATION	INC	23-2790936	Page
Part VII	Compensat	ion of Officers, Dir	ectors, Trustees,	Key Er	nployees, Highest Compensat	ed Employees, and
٠	•	it Contractors				

	Check if Schedule O contains a response to any question in this Part VII	ſ
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. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per week (describe hours for		x, unle icer a	Pos check ess pe	more rson i irecto	than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)		from the organization and related organizations
(1) JOY ANTONOPLOS EXEC DIRECTR	30.00			х				33,225	0	
(2)								33,223		
(3)										
(4)										-,,, -
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)		\vdash							, - m.	,-,
(13)									<u></u>	
(14)		\vdash								

Pa	rt VII Şection A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (describe hours for	bo	x, unic	Pos check ess pe nd a d	rson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com	(F) stimated mount of other spensation rom the	1
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-MIGC)	org an	anization d related anizations	
(15)													
(16)												-	
(17)											-		
(18)								_					
(19)													
(20)										-			
(21)				·······									
(22)						-		-					
(23)													
(24)													
(25)													
1b c	Sub-total Total from continuation she	ate to Part VII S	Secti	ion /	\	<u> </u>	·	>	33,225				
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (in					o lie	tod o	bay	33,225	£400,000 m			
	reportable compensation from			_	11105			IDOV		\$100,000 iii			T
3	Did the organization list any for employee on line 1a? If "Yes,"								loyee, or highest compensa	ted		Ye 3	S No X
4	For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	com	pens	atio					
5	Individual Did any person listed on line 1									indıvıdual		4	x
Sec	for services rendered to the or tion B. Independent Contract		es,	COIII	piete	301	ieau	IE J	for such person		;	5	
1	Complete this table for your fix compensation from the organi	zation Report co	ensa	ted i	nder tion	end for th	ent o	conti	ractors that received more t	han \$100,000 of in the organization's tax ye	ear		
	Name and	(A) business address							Descript	(B) ion of services		(C Comper) nsation
		, , .											
								_					
								-					
						_		_					
_	Total number of independ		-:اس	. le : 1		l.m= •		41-	an lated at sure V				······································
2	Total number of independent of received more than \$100,000		_						ese listed above) who	0			<u> </u>
DAA												Form 9	90 (2011)

Pa	ırt V	III Statement of Reve	nue						
		•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1a	Federated campaigns	1a		10,736				
e z	ь	Membership dues	1b					‡	
Ě	c	Fundraising events	1c						
# Z	d	Related organizations	1d						
°,E	ء ا	Government grants (contributions)	1e					‡	
ë.	f	All other contributions, gifts, grants,	_ ,. _						,
ž p	•	and similar amounts not included above	1f		107,623				,
Ęŏ	g	Noncash contributions included in lines 1a-		\$				Į.	
SE	9 h	Total. Add lines 1a–1f	• • • • • • • • • • • • • • • • • • • •	Ψ	•	118,359		<u> </u>	
Program Service Revenue Contributions, Gifts, Grants Amounts	''	Total. Add lines Ta-11			Busn. Code	110,333			
e	2a				Bush. Code				
Š	b								
8	ן ו								
Ξ	C				-			·	
Š	d								
ga	e	All other process consist rate				-			
õ	, T	All other program service reve	nue				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
_	- 3		alal.a		<u> </u>			<u> </u>	
	3	Investment income (including	aividei	ias, intere		4,047	4,047		
	١.	and other similar amounts)				4,047	4,047		
	4	Income from investment of tax	-exem	pt bona p					
	5	Royalties		()				<u> </u>	
		(i) Real		(II) P	Personal				
	6a	Gross rents							
	Ь	Less rental exps							
	C	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from			<u> </u>			· -	
		sales of assets (1) Securities		(11)	Other				
		other than inventory		 					
	b	Less cost or other							
		basis & sales exps							
	C	Gain or (loss)		<u> </u>					
	d	Net gain or (loss)	. 1			· · · · · · · · · · · · · · · · · · ·		7-10	
Ð	ва	Gross income from fundraising eve	nts			:			
ē		(not including \$							
Re		of contributions reported on line 1c)			60 206				
Other Reven	_	See Part IV, line 18	а		68,306				
ö	b	Less: direct expenses	ρĺ			50.005			
-	C	Net income or (loss) from fund	1	events		68,306			
	9a	Gross income from gaming activitie							
		See Part IV, line 19	а						
		Less direct expenses	þ						
		Net income or (loss) from gam	ing ac	tivities				,	
	10a	Gross sales of inventory, less	,						
		returns and allowances	а						
		Less: cost of goods sold	Þί						
	С	Net income or (loss) from sale	s of in	ventory	<u> </u>	···			
		Miscellaneous Revenue			Busn. Code				
	11a								
	b								
	С								
	d	All other revenue					· · · · · · · · · · · · · · · · · · ·		
	е	Total. Add lines 11a-11d			▶				
	12	Total revenue. See instruction	15		•	190,712	4,047	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response	e to any question in this Pa	rt IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	-				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			•	
	the U.S. See Part IV, line 22				······
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16				·····
4	Benefits paid to or for members Compensation of current officers, directors,				······
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	38,344		38,344	
8	Pension plan accruals and contributions (include				·····
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroil taxes	3,672		3,672	. ,
11	Fees for services (non-employees)			·	
а	Management				
b	Legal				
С	Accounting	8,250		8,250	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1,047		886	161
12	Advertising and promotion	977	902	75	0.056
13	Office expenses	3,797	157	1,264	2,376
14	Information technology				
15	Royalties	13,566	1,211	829	11,526
16	Occupancy	68		68	11,526
17 18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,485	216	3,950	1,319
21	Payments to affiliates	7			= 1 = ===
22	Depreciation, depletion, and amortization				*
23	Insurance	2,735	333	2,402	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e if				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	GRANTS	97,711	97,711		
b	EVENT EXPENSES	7,203			7,203
C	PRINTING	2,533			2,533
d	Postage and Shipping	1,189	1.00	FAC	1,189
e 25	All other expenses	1,053	163	595 60,335	295
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	187,630	100,693	00,335	26,602
20	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

	•	(A)	1	(B)
		Beginning of year	\rightarrow	End of year
1	Cash—non-interest bearing	18,222	1	13,487
2	Savings and temporary cash investments	1,088	2	11,088
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	·····
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	·
6	Receivables from other disqualified persons (as defined under section			
1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	-
9	Prepaid expenses and deferred charges	500	9	500
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D			
b	Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	205,002	11	238,993
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	224,812	16	264,068
17		10,673	17	9,932
18	Grants payable	25,483	18	62,398
19	Deferred revenue		19	•
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified persons			
:	Complete Part II of Schedule L		22	
23	•		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D		25	
26		36,156		72,330
T	Organizations that follow SFAS 117, check here ▶X and complete			
}	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	165,897	27	163,257
28	Temporarily restricted net assets	22,759		28,481
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ▶ and			
	complete lines 30 through 34.			
30			30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	188,656	_	191,738
133	Total liabilities and net assets/fund balances	224,812	34	264,068

Form **990** (2011)

orm	990 (2011) RADNOR EDUCATIONAL FOUNDATION INC 23-2790936				Pa	ge 12
Part XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19	90.	712
2	Total expenses (must equal Part IX, column (A), line 25)	2				630
3	Revenue less expenses Subtract line 2 from line 1	3				082
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18		656
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6		19	91.	738
Pa	rt XII Financial Statements and Reporting					
7 7	Check if Schedule O contains a response to any question in this Part XII					
				-	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		Γ		.00	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			- 1		
	Schedule O			1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		į	2a		X
	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
_	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O			1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a separate basis, consolidated basis, or both			1		
	Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		Í	ı		
	the Single Audit 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			<u> </u>		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			36		

Form **990** (2011)

10

a

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

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

RADNOR EDUCATIONAL FOUNDATION INC

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

b Type II

or section 509(a)(2).

organization, check this box

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)

509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

23-2790936

Part	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
he orga	inization is not a private foundation because it is (For lines 1 through 11, check only one box)
1 🔲	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,
	city, and state
5 🔲	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
	section 170(b)(1)(A)(iv). (Complete Part II)
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public
	described in section 170(b)(1)(A)(vi). (Complete Part II)
8 🗌	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

c Type III-Functionally integrated

following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (IV) Is the organization (vi) Is the (ii) EIN (v) Did you notify (i) Name of supported (iii) Type of organization (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in ganization in col support above or IRC section col (i) of your (i) organized in the governing document? support? US? (see instructions)) Yes Yes Yes (A) (B) (C) (D) (E)

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.)

Sec	tion A. Public Support			·			
Caler	ndar year (or fiscal year beginning in) >	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	43,635	164,144	132,260	94,224	118,359	552,622
2	Tax revenues levied for the organization'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	43,635	164,144	132,260	94,224	118,359	552,622
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)						149,514
6	Public support. Subtract line 5 from line 4						403,108
$\overline{}$	tion B. Total Support			·			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	43,635	164,144	132,260	94,224	118,359	552,622
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,182	5,057	14,433	15,588		41,260
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						593,882
12	Gross receipts from related activities, etc	•				12	72,353
13	First five years. If the Form 990 is for the	=	, second, third, fou	urth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her tion C. Computation of Public St		<u> </u>				<u> </u>
	<u> </u>	<u> </u>		(0)		T 44 T	0/
14	Public support percentage for 2011 (line 6		=	n (f))		14	67.88%
15	Public support percentage from 2010 School 33 1/3% support test—2011. If the organ			10 and lane 44 as 0	2 4 (20)	15	51.20%
iva	box and stop here. The organization qual			•	13 1/3% of more, c	neck this	▶ X
h	33 1/3% support test—2010. If the organ	• •			5 is 33 1/3% or mi	ore.	A
	check this box and stop here. The organization				5 is 55 i/5 /6 0i iii	JIE,	▶ □
17a	10%-facts-and-circumstances test—201	•		_	a or 16b and line	14 is	
	10% or more, and if the organization meet						
	Part IV how the organization meets the "fa						
	organization			amaanon quamoo	as a pasitory supp		▶ [
b	10%-facts-and-circumstances test—201	0. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	d line	
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me supported organization				=		▶ [
18	Private foundation. If the organization did instructions	d not check a box o	on line 13, 16a, 16l	b, 17a, or 17b, che	ck this box and se	e	▶ [

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

(Complete only if you checked the box on line 9 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.)

	If the organization fails to	quality under ti	ne tests listed t	pelow, please c	omplete Part I	1.)	
	tion A. Public Support				·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				- 16-1		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		4 4 454 6-			1(-)(0)	
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	st, secona, tnira, to	uπn, or tiπn tax ye	ar as a section 50	1(c)(3)	. □
Sec	tion C. Computation of Public St		tage				
15	Public support percentage for 2011 (line 8			nn (ft)		15	%
16	Public support percentage from 2010 Sch	,	•	··· (· <i>/</i> /		16	%
	tion D. Computation of Investme						70
17	Investment income percentage for 2011 (I			s. column (f))		17	%
18	Investment income percentage from 2010		•	, , , , , , , , , , , , , , , , , , , ,		18	//
19a	33 1/3% support tests—2011. If the orga			e 14, and line 15 is	more than 33 1/3		
•	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2010. If the orga		-				
	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization die	d not check a box	on lin <u>e 14, 19</u> a, or	19b, check this bo	x and see instruct	lions	▶

Schedule A (Form. 990 or 990-EZ) 2011 RADNOR EDUCATIONAL FOUNDATION INC

23-2790936

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

SCHEDULE D. (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public

Inspection Name of the organization Employer identification number RADNOR EDUCATIONAL FOUNDATION INC 23-2790936 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 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 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2011 RADNOR I	EDUCATIONAL	FOUNI	NOITAC	INC	23-2	7909	36			Р	age 2
Pa	art III Organizations Maintaini	ng Collections of	Art, His	torical Ti	reasures,	or Othe	r Simil	ar As	sets (contin	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)											
а	a Public exhibition d Loan or exchange programs											
b	Scholarly research	e		.cgo pro	g/a0							
c	Preservation for future generations	<u> </u>										
4	Provide a description of the organization's	collections and explai	n how they	further the	organization'	's evemnt	numose	ın Part				
•	XIV	conconorio una explai	ii non mey	Tartifici tife (organization	3 CACITIPE	purpose	iii ait				
5	During the year, did the organization solici	t or receive donations	of art histo	nrical treasur	res or other	sımılar						
					-					☐ Ye		No
Pa	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV,											
. •	line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trustee, custo				r other acce	te not						
	included on Form 990, Part X?	odian of other intermet	lary for co	iiiiibullons C	i Ullici asse	15 1101				☐ Ye		No
h	If "Yes," explain the arrangement in Part X	IV and complete the fo	llowena tol	alo.							;s] NO
U	in res, explain the arrangement in Fart A	iv and complete the it	nowing tal	JIC .			ſ			Amoun		—
_	Beginning balance							4-		Alliouli		—
							1	1c				—
	Additions during the year						}	1d				—
e	Distributions during the year							1e				—
7	Ending balance	5 000 5 11/1					t	1f				
	Did the organization include an amount or		21?							∐ Y€	s	No
	If "Yes," explain the arrangement in Part X				/a a " ta	000	Dark NA	/ lin = /	10			
Fe	ert V Endowment Funds. Con				1		t —					
		(a) Current year	(b) i	Prior year	(c) Two ye	ars back	(d) Thr	ee years b	oack	(e) Fou	r years t	back
	Beginning of year balance											
	Contributions		 			_						
С	Net investment earnings, gains, and								ŀ			
	losses											
	Grants or scholarships											
е	Other expenditures for facilities and								ŧ			
	programs						ļ			·····		
f	Administrative expenses						ļ					
g	End of year balance		l				<u> </u>					
2	Provide the estimated percentage of the c	urrent year end balanc	e (line 1g,	column (a))	held as							
а	Board designated or quasi-endowment ▶	%										
b	Permanent endowment ▶ %	6										
С	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c sh	·										
3a	Are there endowment funds not in the pos	session of the organiza	ation that a	ire held and	administere	d for the						
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		<u> </u>
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ons listed as required o	on Schedul	le R?						3b		
4	4 Describe in Part XIV the intended uses of the organization's endowment funds											
Pa	at VI Land, Buildings, and Eq	uipment. See For	<u>m 990, F</u>	Part X, line	10.							
	Description of property	(a) Cost or other	basis	(b) Cost or o	ther basis	(c)	Accumulated	.		(d) Book	value	
		(investment)		(othe	er)	de	preciation		<u> </u>			
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment											
е	Other											
ota	I. Add lines 1a through 1e (Column (d) mus	st equal Form 990, Par	t X, columi	n (B), line 10)(c))							
		•						Sch	edule l	D (Forn	n 990)	2011
											,	

	orm 990) 2011				UNDATION I		23-2790936	Page 3
Part VII				e Form 990	Part X, line 12	Y		
•		cription of security or			(b) Book value		(c) Method of	
		duding name of secu	urity)				Cost or end-of-yea	ar market value
(1) Financial							·	
	eld equity interes	ts						
(3) Other							<u> </u>	
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
(1)					·		· · · · · · · · · · · · · · · · · · ·	
	n (b) must equal	Form 990. Par	t X. col. (B) line 1	2) 🕨		-		, , , , , , , , , , , , , , , , , , , ,
Part VIII					, Part X, line 13	` _		<u>, , , , , , , , , , , , , , , , , , , </u>
		scription of investme			(b) Book value	,.	(c) Method of	valuation
	1-7				(=,====================================		Cost or end-of-year	
/1)						-+		
(1)								
(2)					-1			·
(3)								
(4)							· · · · · · · · · · · · · · · · · · ·	
(5)							· · · · · ·	
(6)								
(7)								
(8)								
(9)	····································	-						
(10)					· ·		····	
	n (b) must equal							
Part IX	Other Asse	ts. See For	m 990, Part X	, line 15				
			(a)	Description				(b) Book value
(1)		·	-					
(2)								
(3)								
(4)								-
_(5)								
(6)					 -			
(7)								
(8)								
(9)								
(10)				-				
	n (b) must equal	Form 990, Par	t X, col (B) line 1	5)			•	
Part X			orm 990, Par					
1.) Description of liabi			(b) Book value			
	income taxes				···			
(2)								
(3)								
					<u></u>	 		
(4)								
(5)		_						
(6)		-				 		
(7)						 		
(8)				-				
(9)			·					
(10)								
(11)		<u>.</u>						
	n (b) must equal					<u> </u>	······	
					the organization's	financial s	tatements that reports the	
	liability for uncer							

Sche	edule D (Form 990) 2011 RADNOR EDUCATIONAL FOUNDATION INC 23-2790	936	Page 4
Pε	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	190,712
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	187,630
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,082
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,082
Pŧ	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	190,712
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	190,712
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		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	190,712
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	er Return	
1	Total expenses and losses per audited financial statements	1	187,630
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b	_	
С	Other losses 2c	_	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	187,630
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		
þ	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	187,630

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2011 RADNOR EDUCATIONAL FOUNDATION INC

Part XIV Supplemental Information (continued) 23-2790936

Page 5

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the sense and

Supplemental Information Regarding

Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-004

Inspection

RADNOR EDUCATIONAL	L FOUNDATI	ON	IN	С	23-27909	
Part I Fundraising Activities. Complete I Form 990-EZ filers are not required				red "Yes" to Form 99	0, Part IV, line	17
1 Indicate whether the organization raised funds through				Check all that apply		
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	of go	vernn	nent grants		
c Phone solicitations	g Special fur	draisi	ng ev	ents		
d In-person solicitations						
 Did the organization have a written or oral agreement workey employees listed in Form 990, Part VII) or entity If "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization 	in connection with	profes int to	ssiona agree	al fundraising services?	ndraiser is to be	Yes I
		(m) Did	d fund- have	l I	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo		(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
		Yes			col (i)	
1						
2						
3						
4						
5		1				
6						
7						
8						
9						
10						
Total			>			

RADNOR EDUCATIONAL FOUNDATION INC Schedule G (Form 990 or 990-EZ) 2011 23-2790936 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events GALA FUNDRAISIN (add col (a) through None col (c)) (event type) (event type) (total number) Revenue 68,306 68,306 1 Gross receipts 2 Less Charitable contributions 3 Gross income (line 1 minus 68,306 68,306 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses ▶ 10 Direct expense summary Add lines 4 through 9 in column (d) 68,306 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities 9a | Yes | No Is the organization licensed to operate gaming activities in each of these states? If "No," explain 10a | Yes | No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Sche	dule G (Form 990 or 990-EZ) 2011 RADNOR EDUCATIONAL FOUNDATION INC	23-279	0936	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer chantable gaming?		Yes 🗌	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility		13a	%_
b	An outside facility		13b	%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming		□	
_	revenue?	and the	Yes	∐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$	and the		
С	If "Yes," enter name and address of the third party:			
·	The feet familie and address of the time party.			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
Par	spent in the organization's own exempt activities during the tax year ▶ \$ t IV Supplemental Information. Complete this part to provide the explanations requi	red by Part I Ju		
- 441	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appli	•	•	
	part to provide any additional information (see instructions).		ipioto tillo	
		-		

RADNED . .

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2011
Open to Public Inspection

Name of the organization

RADNOR EDUCATIONAL FOUNDATION INC

Employer identification number 23-2790936

Amended Return Explanation

12 ON PART IV, PAGE 3 OF FORM 990. AN AUDIT WAS CONDUCTED.

TO UPDATE THE INFORMATION FOR WHO BOOKS ARE IN CARE OF, TO UPDATE QUESTION

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

RADNED RADNOR EDUCATIONAL FOUNDATION INC 23-2790936 Federal Statements

FYE: 6/30/2012

Taxable Dividends from Securities

	Description					
	_	Amount	Unrelated Business Code		Acquired after 6/30/75	US Obs (\$ or %)
DIVIDENDS,	INTERST,	GAINS				
	\$_	4,047				
Total	\$_	4,047				

RADNED RADNOR EDUCATIONAL FOUNDATION INC 23-2790936 FYE: 6/30/2012

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Nor
9 11q - Other Fees for Service (
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Part IX
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Fund Raising	\$ 161	\$ 161		Fund Raising	\$ 150 35 110	\$
Management & General	304 582	886		Management & General	245 350	595
Mana	တ	w	401	Mana	v ₂	ω
Program Service		0	Part IX, Line 24e - All Other Expenses	Program Service	91	163
<u>-</u> S	ဟ	\$	e - All Oth	<u> </u>	ഗ	ς, V
Total Expenses	465 582	1,047	t IX, Line 246	Total Expenses	395 385 110 91	1,053
L Ext	w.	\$	Form 990, Parl	Exp	φ	w w
Description	COMPUTER SERVICE PAYROLL SERVICE	Total		Description	SUBSCRIPTIONS PROFESSIONAL DEVELOPMENT REFRESHMENTS GIFTS	DECORATIONS Total

RADNED RADNOR EDUCATIONAL FOUNDATION INC 23-2790936 Federal Statements

FYE: 6/30/2012

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total		Excess	
	\$	161,392	\$	149,514
Total	\$	161,392	\$	149,514

4,047 72,353 Amount Schedule A, Part II, Line 12 RADNED RADNOR EDUCATIONAL FOUNDATION INC Description DIVIDENDS, INTERST, GAINS GALA FUNDRAISING EVENT FYE: 6/30/2012 Total

RADNED RADNOR EDUCATIONAL FOUNDATION INC 23-2790936 Federal Statements

23-2790936

FYE: 6/30/2012

SAVINGS/CHECKING ACCOUNTS

Description	Amount	
VANGUARD MONEY MARKET	\$	1,088
Total	\$	1,088