

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493072004384

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Open to Public Inspection

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

\ Fo	r the 2	2012 cal	endar year, or tax year beginni	ng 07-01-2012 , 2012, and end	ding 06-30	-2013					
_		pplicable	C Name of organization RODEL CHARITABLE FOUNDATION	- DE			D Emplo	yer ider	itification number		
_	ress ch	-	Doing Business As				91-19	944585	5		
_	me chai	-									
_	ial retui		Number and street (or P O box if P O BOX 1636	mail is not delivered to street address)	Room/suit	e	E Teleph	one numl	per		
_	minated			4 7TD + 4			(302)	571-1	636		
_	ended i		City or town, state or country, and WILMINGTON, DE 19899	d ZIP + 4							
App	nication	n pending	F Name and address of p	rincipal officer	I	117.			6,075,582		
			PAUL HERDMAN	rincipal officer			:his a group liates?	return	for		
			P O BOX 1636 WILMINGTON, DE 19899)					·		
									ded? 「Yes 「No (see instructions)		
Ta	x-exem	npt status	▼ 501(c)(3)	(insert no)	527	_					
w	ebsite	e: ► WV	W RODELFOUNDATIONDE O	RG		H(c) Gr	oup exempt	tion nun	nber 🟲		
Forn	n of org	ganızatıon	Corporation Trust Associate	tion Other ►		L Year of	formation 19	999 M	State of legal domicile DE		
Pa	rt I	Sum	mary			<u>'</u>		•	-		
aovemance	1	THEOR		sion or most significant activities AS A SUPPORTING ORGANIZA DATION		NDER IRC	SECTION	509(A)	(3)TO SUPPORT		
Ē	-										
2	2 -	Check th	as hov H if the organization	discontinued its operations or di	isnosed of	more than	25% of its	net as	s ets		
3		CHECK II	is box Fig. if the organization of	aiscontinued its operations of di	isposed of	more chan	25 70 01103	net as	3613		
5 1				rning body (Part VI, line 1a) .				3	7		
AVII YILIGO Q	I			s of the governing body (Part VI				4	6		
<u> </u>	I			n calendar year 2012 (Part V, III				5	18		
٠.	I			necessary)				6 7a	-216		
				from Form 990-T, line 34 .				7a 7b	-216		
							ior Year	1 7	Current Year		
	8	Contri	butions and grants (Part VIII,	line 1h)			635,	561	135,007		
ПE	9		am service revenue (Part VIII,			0	0				
Revenue	10	Inves	tment income (Part VIII, colun		1,280,	758	864,785				
<u> </u>	11		·), lines 5, 6d, 8c, 9c, 10c, and 1	•		35,	438	36,242		
	12		_	1 (must equal Part VIII, column			1,951,	757	1,036,034		
	13			rt IX, column (A), lines 1–3)			1,904,	231	1,589,201		
	14	Benefi	ts paid to or for members (Part	IX, column (A), line 4)				0	0		
g)	15	Saları 5–10		yee benefits (Part IX, column (A	(), lines		1.564	366	1,696,237		
nse nse	16a) ssional fundraising fees (Part I)		1,564,366 1,						
Expenses	ь		indraising expenses (Part IX, column (0		
ш	17		- · · · · · · · · · · · · · · · · · · ·), lines 11a-11d, 11f-24e) .	 .		1,449,	204	1,321,378		
	18	Total	expenses Add lines 13-17 (m	ust equal Part IX, column (A), li	ıne 25)		4,917,801 4,606,				
	19	Reven	ue less expenses Subtract lin	e 18 from line 12			-2,966,	044	-3,570,782		
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						Beginni	ng of Curre Year	ent	End of Year		
ner Assers or Fund Balances	20	Total	assets (Part X, line 16)				30,098,	645	28,678,724		
3 B	21		liabilities (Part X, line 26)				103,		28,696		
žŽ	22		·	t line 21 from line 20	<u>.</u> .		29,995,		28,650,028		
Par	t II	Sign	ature Block						<u> </u>		
Jnde ny kr	r pena nowled	alties of dge and	perjury, I declare that I have e	xamined this return, including a omplete Declaration of preparer							
		****					2014-03-11				
Sign		'	ature of officer				Date				
lere	=		HERDMAN PRESIDENT AND CEO or print name and title								
			Print/Type preparer's name	Preparer's signature	Da	te C	heck if	PTIN			
aic	t	—	ORDON N ROSEN CPA	HIMANI DA	sel				407		
	- pare		Firm's name F BELFINT LYONS & SH	IUMAN PA		F	ım's EIN 🟲 5	1-023239			
	Onl		Firm's address 🕨 1011 CENTRE ROAD	SUITE 310		P	hone no (302	2) 225-06	000		
		·	WILMINGTON, DE 19	9805							

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Par		atement of Program S eck if Schedule O contains				
1	Briefly de	scribe the organization's mi	ssion			
		ATION WAS FORMED AS A MMUNITY FOUNDATION	SUPPORTING ORGANIZ	ZATION UNDER I	RC SECTION 509(A)(3) TO S	UPPORT THE
2		ganization undertake any si				「Yes ▼ No
		form 990 or 990-EZ? . escribe these new services) TES NO
3	services?	ganization cease conductin				┌ Yes ┌ No
	·	escribe these changes on S				
4	expenses		.(c)(4) organizations are re	equired to report t	e largest program services, as he amount of grants and alloca	
4a	(Code) (Expenses \$	3,836,681 ınclud	ing grants of \$	1,589,201) (Revenue \$)
	THIS VISION THIS VISION THE 'SEAFORD'	N IN MANY WAYS PROMOTING PO IAKE DECISIONS, AND INVESTING /ISION NETWORK OF DELAWARE, DR SINGAPORE, OUR STRATEGY IS	ILICY CHANGES THAT CAN HAVE IN OUR YOUNGEST LEARNERS P WHICH SUPPORTS MORE THAN S SIMPLE DO MORE OF WHAT W	E A HUGE IMPACT STA PROVIDING SEED FUNI TWO DOZEN DISTRICT ORKS CREATING AND	D, THE RODEL FOUNDATION OF DELAY TEWIDE, LIKE RAISING ACADEMIC ST. DING TO INNOVATIVE, POTENTIALLY H T AND PUBLIC CHARTER SCHOOLS W D LEADING DIVERSE STATEWIDE PART E PARTNERSHIPS OF ITS KIND IN THE	ANDARDS, USING TIMELY HIGH-IMPACT INITIATIVES, HETHER IDEAS COME FROM NERSHIPS THAT CATALYZE
4b	(Code) (Expenses \$	ıncludı	ng grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	ıncludı	ng grants of \$) (Revenue \$)
4d	Other pr (Expens	ogram services (Describe ir	Schedule O) including grants of \$) (Revenue \$)
4e	Total pro	gram service expenses 🕨	3,836,681			_

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," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
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			
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	Yes	
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	Yes	
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		No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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) and 501(c)(4) 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		No
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 Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note, All Form 990 filers are required to complete Schedule O	38	Yes	

FGI	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	-	 Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 17		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	•		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	gaming (gambling) winnings to prize winners?	1 c	Yes	
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?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	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)?	4a		No
b	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		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	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		No
D	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI =
	file Form 8282?	7c		Νo
a	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ı
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?		1	١
_		8		Νo
9	Sponsoring organizations maintaining donor advised funds.			
a L	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
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			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
С	Enter the amount of reserves on hand	ļ		
1 4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶RICHARD GENTSCH PO BOX 1636 WILMINGTON, DE (302) 571-8004

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

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, or 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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	more pers and	than on is a dir	one bot ecto	not box h ar or/tr	office	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	dotted line)	Individual trustee or director	Institutional Trustee	6	employee	Highest compensated employee	ner e			and related organizations
(1) DONALD V BUDINGER	2 00	×						0	0	0
DIRECTOR										
(2) WILLIAM D BUDINGER	2 00	×						0	0	0
DIRECTOR								ŭ	Ŭ	
(3) SUSAN BUDINGER	2 00	×						0	0	0
DIRECTOR & BOARD SECRETARY		_ ^						Ŭ	ŭ	
(4) D WAYNE HOLDEN	2 00	×						0	0	0
CHAIR		_ ^						o o	0	
(5) HRAYE JONES AVERY	2 00	х						0	0	0
DIRECTOR		^						U	U	U
(6) FRED SEARS II TREASURER	2 00	х						0	202,440	60,494
(7) RODMAN WARD III	2 00	х						0	0	0
(8) PAUL HERDMAN EDD	40 00									
PRESIDENT AND CEO	40 00			х				283,847	0	36,716
(9) DOROTHY JACOBSON SENIOR VICE PRESIDENT OF N	40 00			х				129,910	0	14,089
(10) RICCARDO STOECKICHT	40 00			х				93,646	0	9,949
CHIEF OPERATING OFFICER(FORMER)	40.00									
(11) MADELINE M BAYNARD MPA VICE PRESIDENT, POLICY AND PRACTICE	40 00			х				114,968	0	21,653
(12) REX L VARNER MBA	40 00									
CHIEF OPERATING OFFICER(CURRENT)				X				65,385	0	6,081
		I								Form 990 (2012)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t	ition (han d on is	ne l both	oox, an c			(D) Reportal compensa from th organizatio	ition e n (W-	(E) Reportable compensation from related organizations (W-	. .	(F) Estima mount o compens	ited fother sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M	150)	2/1099-MISC)		rganizat relat organiza	ed
											_		
							Ļ						
<pre>1b Sub-Total</pre>				•			▶				+		
d Total (add lines 1b and 1c).			• .	٠.	٠.		۰		687,756	202,44	0		148,982
Total number of individuals (inc \$100,000 of reportable compe						d abov	e) w	ho received r	nore th	an	l		
-												T	
3 Did the organization list any fo	ormer officer, dir	ector o	r trus	tee,	key	emplo	yee,	, or highest c	ompen:	sated employee		Yes	No
on line 1a? If "Yes," complete S						• •	•		• •	[3		No
For any individual listed on line organization and related organization. individual											4	Yes	
5 Did any person listed on line 1 services rendered to the organ									ızatıon • •	or individual for	5		No
Section B. Independent Co	mtuo eto ne											•	
Complete this table for your five compensation from the organization.	e highest comp											tax year	
N	(A) ame and business	address							Des	(B) cription of services		(C Compe	
											$-\Gamma$		
_											\mp		
											- 1		

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	***	Statement of Revenue Check if Schedule O contains a respo	nse to any question i	n this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s ts	1a	Federated campaigns 1a					
tributions, Giffs, Grants Other Similar Amounts	b	Membership dues 1b					
, F	С	Fundraising events 1c					
iffts ar /	d	Related organizations 1d					
s, G imil	е	Government grants (contributions) 1e					
ion r Si	f	All other contributions, gifts, grants, and 1f	135,007	i			
Contributions, Gifts, and Other Similar A	g	similar amounts not included above Noncash contributions included in lines					
intri d O	9	1a-1f \$		105.007			
Contain	h	Total. Add lines 1a-1f	· · · · •	135,007			
an			Business Code				
even	2a b						
ብ ሟ	c						
r v c	d						
ૐ =	е						
Program Serwce Revenue	f	All other program service revenue					
<u>₹</u>	g	Total. Add lines 2a-2f					
	3	Investment income (including dividen	ds, interest,	563,541		-216	563,757
	4	and other similar amounts) Income from investment of tax-exempt bond		303,341		-210	303,737
	5	Royalties	. F				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	,				
	7a	Gross amount from sales of assets other (1) Securities	(II) Other				
	b	than inventory Less cost or other basis and sales expenses than inventory 5,039,548					
	С	Gain or (loss) 301,244					
	d	Net gain or (loss)		301,244			301,244
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
		a					
ġ	C B	Less direct expenses b Net income or (loss) from fundraising	events				
		Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
		Net income or (loss) from sales of inv	entory 🛌				
		Miscellaneous Revenue	Business Code	25.423			25 426
	11a	LOAN INTEREST INCOME	900099	35,438 804			35,438
	b c	MISCELLANEOUS REVENUE	300039	004			004
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨	25.245			
	12	Total revenue. See Instructions .		36,242	_		221 - 1-1
	l		۴	1,036,034	0	-216	901,243

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ions must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa				
	ot 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	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,589,201	1,589,201		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	734,337	613,285	121,052	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	676,021	504,829	171,192	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,506	22,760	7,746	
9	Other employee benefits	168,712	120,519	48,193	
.0	Payroll taxes	86,661	68,051	18,610	
1	Fees for services (non-employees)				
а	Management				
b	Legal	14,410		14,410	
С	Accounting	7,380		7,380	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	61,358		61,358	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	669,758	603,661	66,097	
2	Advertising and promotion	74,828	74,828	,	
3	Office expenses	33,762	11,782	21,980	
4	Information technology	47,518	32,927	14,591	
5	Royalties				
5	Occupancy	50,066		50,066	
7	Travel	7,465	7,187	278	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	150,735	145,955	4,780	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	9,843		9,843	
3	Insurance				
4	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	ADMINISTRATIVE FEES	87,118		87,118	
b	ACF ALLOCATED EXPENSES	33,958		33,958	
С	COMMUNICATIONS	31,249	31,249		
d	TRAINING	20,250	39	20,211	
е	All other expenses	21,680	10,408	11,272	
25	Total functional expenses. Add lines 1 through 24e	4,606,816	3,836,681	770,135	
26	Joint costs. Complete this line only if the 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)				

Assets

Net Assets or Fund Balances

Form 990 (2012)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part \boldsymbol{X}				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments	•	1,992,862	2	1,262,619
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors employees, and highest compensated employees Complete Part II of Schedule L			5	
sts	6	Loans and other receivables from other disqualified persons (as define section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and employers and sponsoring organizations of section $501(c)(9)$ voluntar beneficiary organizations (see instructions) Complete Part II of Sched	contributing y employees'		6	
Assets	7	Notes and loans receivable, net		850,000		850.000
₹	8	Inventories for sale or use		333,333	8	
	9	Prepaid expenses and deferred charges		2,598		1,299
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	497,796	,		1,255
	Ь	Less accumulated depreciation 10b	485,563	22,075	10c	12,233
	11	Investments—publicly traded securities		22,911,772	11	22,069,891
	12	Investments—other securities See Part IV, line 11		4,308,659	12	4,474,403
	13	Investments—program-related See Part IV, line 11			13	<u>`</u>
	14	Intangible assets	_		14	
	15	Other assets See Part IV, line 11	•	10,679		8,279
	16	Total assets. Add lines 1 through 15 (must equal line 34)		30,098,645		28,678,724
	17	Accounts payable and accrued expenses		103,311	17	28,696
	18	Grants payable	•		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	. •		21	
lities	22	Loans and other payables to current and former officers, directors, trus key employees, highest compensated employees, and disqualified			21	
<u>ত্</u>		persons Complete Part II of Schedule L			22	
Liabili	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third and other liabilities not included on lines 17-24) Complete Part X of S	l parties,			
		D			25	
	26	Total liabilities. Add lines 17 through 25	•	103,311	26	28,696
S O		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and clines 27 through 29, and lines 33 and 34.	omplete			
a B	27	Unrestricted net assets		29,995,334	27	28,650,028
ස ස	28	Temporarily restricted net assets	•		28	
ᇴ	29	Permanently restricted net assets			29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34.	and			
	30	Capital stock or trust principal, or current funds			30	
Šet	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net '	33	Total net assets or fund balances		29,995,334	33	28,650,028
Z	34	Total liabilities and net assets/fund balances		30,098,645	34	28,678,724

Par	Reconcilliation 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		1,(036,034
2	Total expenses (must equal Part IX, column (A), line 25)	2			506,816
3	Revenue less expenses Subtract line 2 from line 1	3			570,782
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			995,334
5	Net unrealized gains (losses) on investments	5			225,476
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		28.6	550,028
Par	t XIII Financial Statements and Reporting	<u> </u>			
	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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Employer identification number

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization RODEL CHARITABLE FOUNDATION - DE

Department of the Treasury Internal Revenue Service

Total

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

Public Charity Status and Public Support

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

91-1944585

	rt I		blic Charity Sta						nstructi	ons.		
The o	rganız	ation is not a priva	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	ox)				
1	Γ	A church, convent	ion of churches, or a	ssociation of	churches de	escribed in s e	ection 170(l)(1)(A)(i).				
2	Γ	A school described	d in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)						
3	Γ	A hospital or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1)	(A)(iii).				
4	Γ	A medical researc	h organization opera	ted ın conjun	ction with a	hospital des	cribed in sec	tion 170(b)(1)(A)(ii	i). Ente	r the	
	_	hospital's name, c										_
5	ļ	-	erated for the benefi	_	or universit	y owned or o	perated by a	a government	al unit d	describ	ed in	
	_		(A)(iv). (Complete P	•								
6	<u>_</u>		local government o	_								
7	Г	-	organization that normally receives a substantial part of its support from a governmental unit or from the general public cribed in section 170(b)(1)(A)(vi). (Complete Part II)									
8	_		on 170(b)(1)(A)(vi). : described in sectio i		•	nnlete Dart II						
9	<u>'</u>		at normally receives					utions mam	harchin	faac ai	nd arns	
•	•	-	rities related to its e	• •				•	•	•	-	3
		•	oss investment inco	•	-			` ,				
			ganızatıon after June				•		cax) IIOI	ii busiii	C33C3	
10	$\overline{}$	•	ganized and operate	•			•	•				
11	<u>'</u>	=	ganized and operated	•	•	•			o carry	out the	nurnos	eas of
	1*	-	ly supported organiz					-	-			
		the box that descr	ibes the type of supp	orting organ	ization and c	omplete line	s 11e throu	gh 11h		·		
		a 🔽 Type I	b	┌ Type II	I - Function	ally integrate	:d d 🖵	Type III - No	n-funct	ionally	ıntegra	ated
e	굣		ox, I certify that the									
			ion managers and ot	her than one	or more pub	licly support	ed organizat	ions describ	ed in se	ction 5	09(a)(:	l) or
f		section 509(a)(2)	received a written d	etermination	from the IRS	Sthatitisa	Tyne I Tyn	all or Type	III suni	ortina	organi.	zation
•		check this box	received a writter a	cccimination	nom the riv	o chac le lo a	, , , , , , , , ,	2 11, 01 1 , pc	III Supp	Jording	organn.	- I
g		• ,	2006, has the organ	ızatıon accep	ted any gift	or contributi	on from any	of the				
		following persons?										
		• • •	irectly or indirectly of	•		_	persons des	scribed in (II)		44 (:)	Yes	No
			governing body of th			17			-	11g(i)		No
			er of a person descr			L 2			 -	11g(ii)		No
		` '	lled entity of a perso		., .,				L	11g(iii)		No
h		Provide the followi	ng information about	tne supporte	ed organizati	on(s)						
(i) N	lame (of (ii) EIN	(iii) Type of	(iv) Is t	-he	(v) Did you	ı notıfv	(vi) Is	the	10	vii) A m	nount of
	porte		organization	organizati		the organiz	•	organizati		'	mone	
orga	nizati	on	(described on	col (i) list		ın col (i) d		col (i) org			sup	port
			lines 1- 9 above	your gove	-	suppor	t?	ın the U	S?			
			or IRC section (see	docume	nt /							
			instructions))				I	 				
<u> </u>	F1 87			Yes	No	Yes	No	Yes	No			
	ELAWAI 1UNITY		_] .,				
	DATION	222804785	7	Yes		Yes		Yes				87,118

87,118

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
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							
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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			12		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493072004384

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

Inspection

Internal Revenue Service If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B ◆ Section 527 organizations Complete Part I-A only If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** RODEL CHARITABLE FOUNDATION - DE 91-1944585 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	1,860		
c	Total lobbying expenditures (add lines 1a and 1i	1,860		
d	O ther exempt purpose expenditures	3,834,821		
e	Total exempt purpose expenditures (add lines 1	3,836,681		
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	341,834	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	85,459	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 4720	o reporting	□ Ves □ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) 326,077 363,628 341,834 Lobbying nontaxable amount 1,031,539 Lobbying ceiling amount 1,547,309 (150% of line 2a, column(e)) Total lobbying expenditures 5,888 1,860 7,748 Grassroots nontaxable amount 81,519 90,907 85,459 257,885 Grassroots ceiling amount 386,828 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second to be a second to be a second to be a second to be a second to the second to	(6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493072004384

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

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.

Name of the organization RODEL CHARITABLE FOUNDATION - DE

Employer identification number

	91-	1944585		
Organizations Maintaining Donor Advised Funds or Other Sin organization answered "Yes" to Form 990, Part IV, line 6.	nilar Funds	or Accounts.	Complete if	f the
(a) Donor advised fund	ds	(b) Funds and o	ther accounts	
Total number at end of year				
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor advisors in writing that the assets he funds are the organization's property, subject to the organization's exclusive legal co		rised	┌ Yes ┌	No
Did the organization inform all grantees, donors, and donor advisors in writing that graused only for charitable purposes and not for the benefit of the donor or donor advisor conferring impermissible private benefit?			┌ Yes ┌	No
rt III Conservation Easements. Complete if the organization answered	"Yes" to Fori	m 990, Part IV	, line 7.	
□ Protection of natural habitat □ Preservation of open space	tion of an histor tion of a certifie	rically important	ure	
Complete lines 2a through 2d if the organization held a qualified conservation contribe easement on the last day of the tax year	ution in the for	T		
		Held at the	End of the Yea	ar
Total number of conservation easements	2a			
Total acreage restricted by conservation easements	2b			
Number of conservation easements on a certified historic structure included in (a)	2c			
	na I			
Number of conservation easements included in (c) acquired after 8/17/06, and not or historic structure listed in the National Register	2d			
	2d	he organization c	luring	
historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or t	2d erminated by t	he organization o	luring	
historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or t the tax year	2d erminated by t			· No
Number of conservation easements modified, transferred, released, extinguished, or 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, inspect	erminated by t	f violations, and		No
Number of conservation easements modified, transferred, released, extinguished, or to 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, inspect enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements.	erminated by t	f violations, and during the year		No
Number of conservation easements modified, transferred, released, extinguished, or to 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, inspect enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement seems.	erminated by t	f violations, and during the year	ΓYes Γ	
Number of conservation easements modified, transferred, released, extinguished, or to 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, inspect enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements.	erminated by to	f violations, and during the year ag the year 70(h)(4)(B)(i)	Yes □ Yes □ and	
Number of conservation easements modified, transferred, released, extinguished, or to 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, inspect enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement set of the conservation easement reported on line 2(d) above satisfy the requirement and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revealence sheet, and include, if applicable, the text of the footnote to the organization's	tion, handling of on easements during the of section 1 venue and experimental state	f violations, and during the year ag the year 70(h)(4)(B)(i) anse statement, a ments that descr	Yes Tand	
Number of conservation easements modified, transferred, released, extinguished, or to 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, inspect enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its rev balance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements TIII Organizations Maintaining Collections of Art, Historical Trease	tion, handling of on easements during the of section 1 venue and experimental state sures, or Other transfer or Other 8. Its revenue staucation, or reservence states.	f violations, and during the year of the year for the yea	Yes Tand ribes Assets.	
Number of conservation easements modified, transferred, released, extinguished, or the tax year	tion, handling of on easements during the section 1 freque and experimental state sures, or Other 1 to revenue state of section, or residescribes thes revenue staten	f violations, and during the year of the year for the yea	Yes Tand Tibes Assets. Ince sheet nice of public sheet	No
Number of conservation easements modified, transferred, released, extinguished, or to 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, inspect enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement reported on line 2(d) above satisfy the requirement and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revibalance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements III Organizations Maintaining Collections of Art, Historical Treation Complete if the organization answered "Yes" to Form 990, Part IV, lift the organization elected, as permitted under SFAS 116 (ASC 958), not to report in works of art, historical treasures, or other similar assets held for public exhibition, ed service, provide, in Part XIII, the text of the footnote to its financial statements that If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed	tion, handling of on easements during the section 1 freque and experimental state sures, or Other 1 to revenue state of section, or residescribes thes revenue staten	f violations, and during the year of the year for the yea	Yes Tand Tibes Assets. Ince sheet nice of public sheet	No
Number of conservation easements modified, transferred, released, extinguished, or to 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, inspect enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement of the conservation easement reported on line 2(d) above satisfy the requirement and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revibalance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements **III** Organizations Maintaining Collections of Art, Historical Treation Complete if the organization answered "Yes" to Form 990, Part IV, In If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in works of art, historical treasures, or other similar assets held for public exhibition, ed service, provide, in Part XIII, the text of the footnote to its financial statements that If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed service, provide the following amounts relating to these items	tion, handling of on easements during the section 1 freque and experimental state sures, or Other 1 to revenue state of section, or residescribes thes revenue staten	f violations, and during the year of the year for the yea	Yes Tand Tables Assets. Ince sheet nee of public asheet nee of public	No

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	TITLE Organizations Maintaining Co	llections of Art	:, His	stori	<u>cal Tı</u>	<u>easur</u>	<u>es, or O</u>	<u>ther</u>	Similar As:	sets (d	continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the follo	wing that a	re a	significant use	of its	
а	Public exhibition		d	Г	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın ho	w the	y furthe	er the oi	rganızatıon	's ex	empt purpose ı	n	
5	During the year, did the organization solicit o	or receive donations	s of aı	rt, his	torical	treasur	es or other	sımı			
	assets to be sold to raise funds rather than t									Yes	☐ No
Par	Part IV, line 9, or reported an an						answered	1 "Ye	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions o	r other ass	ets n		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	table		Г				
							F	_	Am	ount	
C	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	>					ļ	Yes	Г No
_ь	If "Yes," explain the arrangement in Part XII										
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current year		swer)Prior					IV, line 10.	(=\Faus	vaa va ba ak
1a	Beginning of year balance	(a)Curient year	(D	PHOL	уеаг	D (C)IW	o years back	(u)	illee years back	(e)roui	years back
b	Contributions										
c	Net investment earnings, gains, and losses										
_											
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balan	ce (lır	ne 1g	, colum	ın (a)) h	eld as		•		
а	Board designated or quasi-endowment	,	•	_	•						
ь	Permanent endowment ►										
С	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are hel	d and ac	dministered	l for t	he		
	organization by									Yes	No
	(i) unrelated organizations		•					•	3a(
b	(ii) related organizations								3a(i	_	
4	Describe in Part XIII the intended uses of th	•				• •		•		<u> </u>	
Par	t VI Land, Buildings, and Equipme					10.					
	Description of property		·	(a) Cost onsider	r other	(b)Cost or obasis (oth		(c) Accumulated depreciation	d (d)	Book value
1a	Land			\top					1		
b	Buildings										
c	Leasehold improvements						234	l,518	231,3	93	3,125
d	Equipment						263	3,278	254,1	70	9,108
e	Other										0
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colι	umn (B), line	10(c).)					12,233

Part VII Investments—Other Securities. See		
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	 	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other		
(A) RODEL PEBBLES AA - MULTI-STRATEGY HEDGE FUND	158,071	F
10112	100,071	· · · · · · · · · · · · · · · · · · ·
(B) HIRTLE - MULTI-STRATEGY HEDGE FUNDS	2,590,421	F
(C) HIRTLE - PRIVATE EQUITY FUNDS	1,725,911	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	4,474,403	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
101411 (20141111 (2) 111411 (2) 11141 (2) 11141 (2) 11141 (2) 11141 (2) 11141 (2) 11141 (2) 11141 (2) 11141 (2) 11141 (2) 11141 (2) 11141 (2) 11141 (2) 11411 (2)	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, In (a) Description (b) Description (b) Must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, In (a) Description (b) Description (b) Must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Part IX Other Assets. See Form 990, Part X, In (a) Description of liability Other Assets. See Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	
Part IX Other Assets. See Form 990, Part X, In (a) Description of liability Other Assets. See Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. otion 5.) (, line 25.	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Retur	'n
1	Total revenue, gains, and other support per audited financial statements	1	3,261,510
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	76	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	. 2e	2,225,476
3	Subtract line 2e from line 1	. 3	1,036,034
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)		
c	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	1,036,034
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Ret	urn
1	Total expenses and losses per audited financial statements	1	4,606,816
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)............. 2d		
e	Add lines 2a through 2d	. 2e	0
3	Subtract line 2e from line 1	. з	4,606,816
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)	\neg	
c	Add lines 4a and 4b	. 4c	O
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4.606.816

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

I dentifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		INCOME NOT RELATED TO THE FOUNDATION'S TAX- EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA IMPOSE A THRESHOLD FOR DETERMINING WHEN AN INCOME TAX BENEFIT CAN BE RECOGNIZED IN REGARD TO UNCERTAIN TAX POSITIONS THE FOUNDATION HAS DETERMINED THAT NO LIABILITY FOR UNCERTAIN TAX POSITIONS IS REQUIRED TO BE ACCRUED AND INCLUDED IN THE STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2013 AND 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493072004384

SCHEDULE F (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

ROD	EL CHARITABLE FOUNDATION	- DE						
						1944585		
Pa	Tt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if th	ne organiza	tion answered	
1	For grantmakers. Does the d	organization m	aıntaın record	s to substantiate the a	mount of th	ne grants oi	r	
	assistance, the grantees' elig	jibility for the g	grants or assis	stance, and the selection	on criteria u	sed to awar	⁻ d	
	the grants or assistance? . $% \left(1\right) =\left(1\right) \left(1$						┌ Yes ┌	No
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use o	of grant fun	ds outside	
3	Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional spa	ice is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services investments, grants to recipients located in the region)	(e) If activity I a program sen specific service(s)	vice, describe type of	(f) Total expenditu for and investmer in region	
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT			4,046	,15
За	Sub-total	0	0				4,046	15:
	Total from continuation sheets to Part I	0	0				.,010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c	Totals (add lines 3a and 3b)	0	0)			4,046	,15
For Pa	aperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat	No 50082W	Schedul	e F (Form 990) 20:	12

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471) 			 	Νo
organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	١	Yes	<u>~</u>	No
	Y	Yes	<u> </u>	No
4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Y	Yes	Г	No
5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	١	Yes	<u>~</u>	No
6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	١	Yes	<u>~</u>	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990 OMB No 1545-0047

2012

DLN: 93493072004384

Open to Public

Department of the Treasury
Internal Revenue Service

Schedule I

(Form 990)

ame of the organization						Employer identificati	on number
ODEL CHARITABLE FOUNDATIO						91-1944585	
Part I General Information							
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as	sistance?					✓ Yes N
Part II Grants and Other A Form 990, Part IV, III				United States. Con ort II can be duplicate			es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
Enter total number of section 5						_	20
B Enter total number of other org	anizations listed in ti	ne line 1 table				<u> </u>	

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 THE BOARD OF DIRECTORS DETERMINES THE RECIPIENTS AND SIZE OF GRANTS MADE BY THE CORPORATION GRANTS ARE MADE EITHER AS UNRESTRICTED OR RESTRICTED, AS DEEMED APPROPRIATE BY THE BOARD, IN ORDER TO ENSURE EFFECTIVE USE OF THE CORPORATION'S FUNDS FOR THE CHARITABLE PURPOSES AND IN THE MANNER INTENDED THE RODEL FOUNDATION EMPLOYS A VARIETY OF TECHNIQUES TO ENSURE COMPLIANCE WITH CONDITIONS SPECIFIED BY THE GRANT MONITORING IS GENERALLY ACCOMPLISHED THROUGH A COMBINATION OF ACTIVITIES SUCH AS INDEPENDENT EVALUATIONS, REVIEW OF GRANTEE REPORTS, GRANTEE MILESTONES, PHONE CONVERSATIONS, AND ON-SITE VISITS

Software ID:

Software Version:

EIN: 91-1944585

Name: RODEL CHARITABLE FOUNDATION - DE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEARNING LINK OF DELAWARE100 W 10TH STREET SUITE 106 WILMINGTON,DE 19801	27-0392320	501(C)3	45,454				FUNDING STUDY OF OUTCOMES ASSOCIATE WITH SPS PROGRAM
INNOVATIVE SCHOOLS DEVELOPMENT CORPORATION100 W 10TH STREET SUITE 403 WILMINGTON,DE 19801	55-0793336	501(C)3	755,545				EDUCATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEACH FOR AMERICA INC 100 W 10TH ST SUITE 500 WILMINGTON,DE 19801	13-3541913	501(C)3	100,000				EDUCATIONAL SUPPORT
THE PARTNERSHIP INCPO BOX 671 WILMINGTON, DE 19899	51-0385339	501(C)3	7,500				EDUCATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE CHARTER SCHOOLS NETWORK100 W 10TH STREET SUITE 1012 WILMINGTON,DE 19801	51-0414527	501(C)3	50,000				EDUCATIONAL SUPPORT
DELAWARE PUBLIC POLICY INSTITUTE1201 NORTH ORANGE STREET SUITE 201 WILMINGTON, DE 19801	51-0329200	501(C)3	50,000				EDUCATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF DELAWARE INC669 SOUTH UNION ST WILMINGTON, DE 19805	51-0068712	501(C)3	10,000				EDUCATIONAL SUPPORT
NATIONAL COUNCIL ON TEACHER QUALITY1420 NEW YORK AVENUE NWSUITE 800 WASHINGTON, DC 20005	04-3536571	501(C)3	5,500				EDUCATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILANTHROPY ROUNDTABLE1730 M ST NW SUITE 601 WASHINGTON,DC 20036	13-2943020	501(C)3	5,000				EDUCATIONAL SUPPORT
NATIONAL PUBLIC EDUCATION SUPPORT FUND3205 R STREET NW WASHINGTON, DC 20007	26-3015634	501(C)3	10,000				GRANT TO EDUCATION FUNDER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES 4 DELAWARE EDUCATION 501(C)(3)100 W 10TH ST SUITE 308 WILMINGTON,DE 19801	45-2656803	501(C)3	73,750				TO SUPPORT AWARENESS OF EDUCATIONAL ISSUES
DELAWARE BUSINESS ROUNDTABLE EDUCATION COMMITTEE100 W 10TH ST SUITE 106 WILMINGTON, DE 19801	56-2364584	501(C)3	40,000				EDUCATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE STATE BOARD EDUCATION401 FEDERAL STREET SUITE 2 DOVER, DE 19901	51-6000279	501(C)3	10,000				EDUCATIONAL SUPPORT
EARLY COLLEGE HIGH SCHOOL AT DELAWARE STATE UNIVERSITY1200 N DUPONT HIGHWAY DOVER, DE 19901	51-6000279	501(C)3	75,000				EDUCATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST STATE MONTESSORI 1209 GREENWAY ROAD WILMINGTON,DE 19803	51-6000279	501(C)3	75,000				EDUCATIONAL SUPPORT
HOPE STREET GROUP1747 PACIFIC AVENUE PRESCOTT,AZ 86301	45-0497577	501(C)3	10,000				EDUCATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP DELAWARE INC1207 DELAWARE AVENUE WILMINGTON,DE 19806	26-3527196	501(C)3	5,000				PRO GRAM SPO NSO RSHIP
RELAY GRADUATE SCHOOL OF EDUCATION40 W 20TH ST 7TH FLOOR NEW YORK, NY 10011	27-5316628	501(C)3	75,000				EDUCATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSSEX ACADEMY OF ARTS & SCIENCES21777 SUSSEX PINES ROAD GEORGETOWN, DE 19947	51-0394512	501(C)3	10,000				EDUCATIONAL SUPPORT
VISION NETWORK100 W 10TH ST SUITE 308 WILMINGTON, DE 19801	45-4866878	501(C)3	50,000				EDUCATIONAL SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493072004384

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

> Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization RODEL CHARITABLE FOUNDATION - DE

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

91-1944585

	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization	:ion		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation (iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred
		compensation	incentive compensation	reportable compensation	compensation			ın prıor Form 990
(1)FRED SEARS II TREASURER	(i) (ii)	0 202.440	0	0	0	0	0	0 0
TREASURER	ויייאן	202,440	U	U	35,730	24,764	262,934	U
(2)PAUL HERDMAN EDD PRESIDENT AND CEO	(i) (ii)	237,542 0	46,305 0	0 0	12,047 0	24,669 0	320,563 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

OMB No 1545-0047

Open to Public

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 to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization
RODEL CHARITABLE FOUNDATION - DE

Employer identification number

91-1944585

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	,
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS INITIALLY REVIEWED BY THE FOUNDATION'S CHIEF OPERATING OFFICER AND THEN IT IS PRESENTED TO THE CEO AND BOARD TREASURER FOR DISCUSSION AND PRELIMINARY APPROVAL THE BOARD TREASURER INFORMS BOARD MEMBERS OF THE AVAILABILITY OF THE REPORT, AND PRESENTS IT F OR REVIEW/DISCUSSION, AFTER WHICH IT IS APPROVED AND SUBMITTED FOR FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL BOARD MEMBERS AND ADVISORS ANNUALLY BOARD MEMBERS ARE ASKED TO SIGN A CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT FORM
	FORM 990, PART VI, SECTION B, LINE 15	FROM 990, PART VI, SECTION B, LINE 15 15(A) THE COMPENSATION FOR THE CEO POSITION IS BBNC HMARKED THROUGH A CUSTOMIZED SALARY SURVEY CONDUCTED FOR THE FOUNDATION AS REQUESTED BY TH E PERSONNEL COMMITTEE OF THE BOARD THE LATEST SURVEY WAS CONDUCTED IN 2010 BY KOYA CONSUL TING THE FOUNDATION ALSO PARTICIPATES IN AN ANNUAL COMPENSATION SURVEY BENCHMARK CONDUCTE D BY THE POLICY INNOVATORS IN EDUCATION (PIE) NETWORK AND TANDEHILL HUMAN CAPITAL WHICH CO MPARES SALARIES FOR THE CEO AND OTHER POSITIONS AGAINST 40 OTHER ORGANIZATIONS ACROSS THE U S THAT PERFORM WORK SIMILAR TO THE RODEL FOUNDATION THE PERSONNEL COMMITTEE REVIEWS TH E PERFORMANCE OF THE CEO AND BENCHMARK COMPENSATION DATA AND DETERMINES HIS MERIT INCREASE AND BONUS (IF GRANTED FOR THE YEAR) THE BOARD AFFIRMS THE PERSONNEL COMMITTEE'S DECISION 15(B) THE ORGANIZATION HAS ESTABLISHED SALARY RANGES FOR ALL POSITIONS IN THE ORGANIZATION ON SALARY RANGES ARE BENCHMARKED AND UPDATED EVERY FEW YEARS BASED ON MANAGEMENT ANALYSIS AND WITH A GREEMENT OF THE PERSONNELL COMMITTEE OF THE BOARD BENCHMARKS FOR SALARY RANGES AND SPECIFIC POSITION COMPENSATION LEVELS INCLUDE A CUSTOMIZED SALARY SURVEY CONDUCTED BY KOYA CONSULTING FOR THE FOUNDATION IN 2010 AND AN ANNUAL COMPENSATION SURVEY BENCHMARK CO INDUCTED BY THE POLICY INNOVATORS IN EDUCATION (PIE) NETWORK AND TANDEHILL HUMAN CAPITAL WH ICH COMPARES SALARIES FOR ALL OFFICERS AND KEY EMPLOYEES OF THE FOUNDATION AGAINST 40 OTHE R ORGANIZATIONS ACROSS THE U S THAT PERFORM WORK SIMILAR TO THE RODEL FOUNDATION MERT! I NCREASES AND BONUSES IF AWARDED ARE RECOMMENDED BY MANAGEMENT AND APPROVED BY THE PERSONNEL L COMMITTEE AND BOARD EVERY YEAR AND ARE ALIGNED WITH THE SALARY RANGES OF THE ORGANIZATION APPROVED BY THE PERSONNEL L COMMITTEE AND BOARD EVERY YEAR AND ARE ALIGNED WITH THE SALARY RANGES OF THE ORGANIZATION
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
OTHER FEES	FORM 990, PART IX, LINE 11G	CONSULTING PROGRAM SERVICE EXPENSES 603,661 MANAGEMENT AND GENERAL EXPENSES 66,097 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 669,758
	FORM 990, PART XI, LINE 2C	THE ORGANIZATION USES THE AUDIT COMMITTEE OF THE DELAWARE COMMUNITY FOUNDATION (OF WHICH R ODEL IS A SUPPORTING ORGANIZATION) TO OVERSEE AND REVIEW THE ANNUAL FINANCIAL STATEMENT AU DIT AFTER THIS REVIEW THE AUDIT IS SUBMITTED TO THE ORGANIZATION'S TREASURER AND BOARD OF DIRECTORS FOR REVIEW AND APPROVAL
	FORM 990, PART V, LINES 2A AND 2B	RODEL CHARITABLE FOUNDATION HAD 18 EMPLOYEES DURING THE 2012 CALENDAR YEAR THESE EMPLOYEE S ARE REPORTED ON THE FORM W-3 OF DELAWARE COMMUNITY FOUNDATION (A SUPPORTED ORGANIZATION)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493072004384

OMB No 1545-0047

2012

Employer identification number

91-1944585

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization RODEL CHARITABLE FOUNDATION - DE **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

> Open to Public Inspection

Part I Identification of Disregarded Entities (Comp								
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Ei	(e) nd-of-year assets	D	(f) prect controlling entity		
Part II Identification of Related Tax-Exempt Organ	izations (Complete If	the organization ai	nswered "Yes" t	o Form 990, P	art IV,	line 34 because it	had o	ne
or more related tax-exempt organizations during	the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity (if section 50	status l(c)(3))	(f) Direct controlling entity	Section (13) co	g) 512(b ontrolle tity? No
(1) DELAWARE COMMUNITY FOUNDATION INC	CHARITABLE FUND MANAGEMENT	DE	501(C)(3)	7			les	No
PO BOX 1636						N/A		
WILMINGTON, DE 19899 22-2804785								<u> </u>
For Paperwork Reduction Act Notice, see the Instructions for Form 99	0	Cat No 5013	EV			Schedule R (Forn	2000) 2	012

(a) Name, address, and EIN o related organization	f	(b) Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo	ration is a cor	or Trust (poration or	Complete if trust during	the organı the tax ye	zatıon ar ar.)	iswere	d "Ye	s" to Form	990,	Part	:IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of enti (C corp, S corp, or trust)		total Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
											Yes		No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?								
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
b Gift, grant, or capital contribution to related organization(s)				1b		No				
c Gift, grant, or capital contribution from related organization(s)				1c		No				
d Loans or loan guarantees to or for related organization(s)				1d		No				
e Loans or loan guarantees by related organization(s)				1e		No				
				146		NI-				
f Dividends from related organization(s)				1f		No				
g Sale of assets to related organization(s)				1g		No				
h Purchase of assets from related organization(s)				1h		No				
i Exchange of assets with related organization(s)				1i		No_				
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
k Loaco of facilities, aguinment, or other accets from related organization(s)				1k		No				
k Lease of facilities, equipment, or other assets from related organization(s)										
Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				-	Yes					
o Sharing of paid employees with related organization(s)				10	Yes					
p Reimbursement paid to related organization(s) for expenses				1p		No				
q Reimbursement paid by related organization(s) for expenses				1q		No				
r Other transfer of cash or property to related organization(s)				1r		No				
s Other transfer of cash or property from related organization(s)				1s		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including co	overed relationships	and transaction thresholds							
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt inv	volved					
1) DELAWARE COMMUNITY FOUNDATION INC	M	87,118	ADMINISTRATIVE FEES PAID							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 91-1944585

Name: RODEL CHARITABLE FOUNDATION - DE

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)			
Identifier	Return Reference	Explanation	