### DLN: 93493320102506

OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 

Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

		iue Servic	<u>'</u>						
			lendar year, or tax year beginn  C Name of organization	ing 07-01-2015 , and ending 06-3	0-2016		D Emple	ver id	entification number
_	ск II ар Idress cl	plicable hange	RADNOR EDUCATIONAL FOUNDATE	ION INC				7909	
	me cha	-	Doing business as				_ 23-2	7909	36
	tıal retu	ırn	Boning Business us						<del></del>
Fır return/	nal termina	ited	Number and street (or P O box if 135 SOUTH WAYNE AVE	mail is not delivered to street address) Roo	om/suite		E Teleph		
	ended i			ZID ou formand and and			(610	688-	-8100
Apı	olication	pending	WAYNE, PA 19087	untry, and ZIP or foreign postal code			<b>G</b> Gross	receipt	s \$ 182,775
			<b>F</b> Name and address of princ	ıpal officer	ı	H(a) Ist	:his a group	retui	n for
			MEG HAIST				ordinates?		⊤ Yes 🗸
					╝.	No Are (a)	o : all subord	ınates	
I Tax	<-exem	pt status	<b>√</b> 501(c)(3)	(insert no ) 4947(a)(1) or 52		inc	uded?		Tes   NO
J W	ebsite	:► ww	/W RADNOREDUCATIONALFO	OUNDATION ORG			•		t (see instructions)
V Carr	a of ora		✓ Corporation	ciation Other ►			oup exemp formation 1		umber ► <b>M</b> State of legal domicile PA
K FOIT	n or org	anization	<b>✓</b> Corporation   Trust   Assoc	clation   Other				.	Totals of regar actions.
Pa	rt I	Sum	mary						
			scribe the organization's mission EEDUCATIONAL GRANTS	on or most significant activities					
aų.			EDUCATIONAL GRANTS						
anc anc	_								
Ē	2 (	heck th	us hov > _ if the organization	discontinued its operations or dispo	nsed of n	nore than	25% of it	s net	acceto
Governance		neck th	is box P   If the organization	arseontinued its operations of dispe	75 CU 01 II	nore than	1 2 3 70 01 10	3 1100	133003
	3 N	umber	of voting members of the gover	ning body (Part VI, line 1a)				3	24
<u>.</u>	<b>4</b> N	umber	of independent voting members	of the governing body (Part VI, line	e 1b) .			4	24
Activities &	<b>5</b> T	otal nur	mber of individuals employed in	calendar year 2015 (Part V, line 2	a) .			5	2
ACI			•	necessary)				6	60
				Part VIII, column (C), line 12 .				7a	0
	<b>b</b> Ne	et unrela	ated business taxable income f	rom Form 990-T, line 34	<del></del>			7b	
	8	Contri	butions and grants (Part VIII	line 1h)	-	РІ	ior Year	506	Current Year 118,142
g:	9		, ,	line 2g)	F	103,506			110,142
Ravenue	10	_	,	nn (A), lines 3, 4, and 7d)	F		7	,965	7,908
æ	11		· · · · · · · · · · · · · · · · · · ·	), lines 5, 6d, 8c, 9c, 10c, and 11e	-		69	,936	56,725
	12		revenue—add lines 8 through 1	1 (must equal Part VIII, column (A	), line		181	,407	182,775
	13	12)	s and similar amounts haid (Da	rt IX, column (A), lines 1-3)			60	415	40,475
	14			IX, column (A), line 4)			09	,413	40,473
	15		·	yee benefits (Part IX, column (A), li			4.4	F 2 6	
Expenses		5-10)	)				44	,536	43,580
9	16a		- '	X, column (A), line 11e)					0
ă	Ь		ındraısıng expenses (Part IX, column (		—				
	17			, lines 11a-11d, 11f-24e)	- H			,905	87,838
	18 19		·	ust equal Part IX, column (A), line : e 18 from line 12	·		208	,449	171,893
χ φ Φ <b>Χ</b>		1101011	ac ress expenses eastract in			Dogunnung			End of Year
Net Assets or Fund Balances						beginning	of Current		
Ass.	20		assets (Part X, line 16)		· ·		317		356,386
₩ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21		liabilities (Part X, line 26) .					,589	91,426
	22 ( )   (		ature Block	t line 21 from line 20	•		234	,446	264,960
Unde	r pena	Ities of	perjury, I declare that I have e	xamined this return, including accor		_			•
		_	belief, it is true, correct, and co nowledge	implete Declaration of preparer (otl	her than	officer) i	s based or	allın	formation of which
	. Cr ma	C GILY N							
		****					2016-11-11		
Sign		,	ature of officer				Date		
Here	=		/E BEVENOUR TREASURER						
		<b>/</b>   P	Print/Type preparer's name	Preparer's signature	Date			PTIN	
Paid	ı		CAROLÉ A T SMITH CPA	CAROLE A T SMITH CPA		-11-11   C	heck 🗸 ıf elf-employed		40253
	pare	r ⊢	irm's name RADNOR TAX SERVIC				rm's EIN 🟲 4		
	∩nl	1 +	Firm's address 🟲 336 KING OF PRUSSI	A RD		PI	hone no (61	0) 688-	6162

RADNOR, PA 190874428

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
	<u> </u>		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		No
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		No
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 I	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	<b>11</b> a		No
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	<b>11</b> b		No
	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	<b>11</b> c		No
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11</b> d		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	<b>11</b> f		No
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	1	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	Yes	
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		

•	<u>'</u>	
ΙV	Checklist of Required	Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Yes
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Paits I and II 🔧		

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Form **990** (2015)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

22

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . . . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

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24a

24b

24c

24d

25a

25b

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28c

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IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . 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,"

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance				_
		Check if Schedule O contains a response or note to any line in this Part V		-	Yes	·   No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a	оΓ		165	NO
		the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			
		ne organization comply with backup withholding rules for reportable payments to vendors and rep	ortable			
·		ng (gambling) winnings to prize winners?		1c		No
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered s return	2			
b	Ifatle	east one is reported on line 2a, did the organization file all required federal employment tax retu If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	rns?	2b	Yes	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	[	3b		
4a	over,	y time during the calendar year, did the organization have an interest in, or a signature or other a a financial account in a foreign country (such as a bank account, securities account, or other fin int)?		4a		No
b	If "Ye: See in (FBAR	es," enter the name of the foreign country	counts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	[	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	iction?	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?				
			_	5c		
	organı	the organization have annual gross receipts that are normally greater than \$100,000, and did t ization solicit any contributions that were not tax deductible as charitable contributions?		6a		No ——
	were r	es," did the organization include with every solicitation an express statement that such contribution tax deductible?	ions or gifts	6b		
	_	<b>nizations that may receive deductible contributions under section 170(c).</b> ne organization receive a payment in excess of \$75 made partly as a contribution and partly for a	goods and	7a		
	servic	tes provided to the payor?	· _	76 7b		
		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_			
	file Fo	orm 8282?		<b>7</b> c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		
g	If the requir	organization received a contribution of qualified intellectual property, did the organization file Fored?	orm 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization section of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, airplanes, airplane	ation file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings a g the year?	t any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or related person? .		9b		
10	Section	on 501(c)(7) organizations. Enter				
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les				
11		on 501(c)(12) organizations. Enter				
		s income from members or shareholders				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.				
а		e organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instr onal information the organization must report on Schedule O		13a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans 13b				
c	Enter	the amount of reserves on hand				
14a	Did th	ne organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If"Ye	es," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b		

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	2013)				
Part VI	Governance,	Management,	and	Disclosur	. 6

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b b	elou
describe the circumstances, processes, or changes in Schedule O. See instructions.	
Check if Schedule O contains a response or note to any line in this Part VI	

Se	ction A. Governing Body and Management			-	-	
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	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	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the o			5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	l by)	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active 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, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal R	even	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 act affiliates, and branches to ensure their operations are consistent with the organization			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	<b>11</b> a		No
b	Describe in Schedule O the process, if any, used by the organization to review this $F$	orm 9	990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$ .			<b>12</b> a		No
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	erests that could give	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," des cribe</i>	<b>12</b> c		
13	Did the organization have a written whistleblower policy?			13		No
14	Did the organization have a written document retention and destruction policy? $\ \ .$			14		No
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a		No
b	Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$			15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	estep	s to safeguard the	4.5		
<b>C</b> -		•		<b>16</b> b		
	<b>ction C. Disclosure</b> List the States with which a copy of this Form 990 is required to be filed▶					
17	PA					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available. Ch					
	Own website Another's website Upon request Other (explain in S	chedu	ile O )			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

►STEVE BEVENOUR 135 SOUTH WAYNE AVE WAYNE, PA 190873925 (610) 687-5235

State the name, address, and telephone number of the person who possesses the organization's books and records

interest policy, and financial statements available to the public during the tax year

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

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

#### 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

- 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

Charles have been started

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec x, unle n offic rustee	ess er	( <b>D</b> ) Reportable compensation from the organization	( <b>E</b> ) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
1) MEG HAIST OUNDATION D	25 00	×		х				34,290	0	ı
2) DANA OTT OUNDATION A	12 00			х				6,374	0	ı
3) GRETCHEN ANDERSEN RESIDENT	10 00			x				0	0	ı
4) TRACY VAN DER ZWAN REASURER	10 00			х				0	0	ı
5) AVA ALIJAN ECRETARY	4 00			х				0	0	1
6) STEVE BEVENOUR REASURER	10 00			х				0	0	ı

art VII	Section A. Officers,	Directors, Tr	ustees, Key E	Employees,	and Highest	Compensated	Employees (	(continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han c in is l	ne b both	ox, an c	heck unless officer stee)	•	<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total			•			•				
c Total from continuation sheet	s to Part VII, S	ection A	٠.			. ▶				
d Total (add lines 1b and 1c) .						▶		40,664		

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization
- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
  - on line 1a? If "Yes," complete Schedule J for such individual .
  - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
  - ındıvıdual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5

## **Section B. Independent Contractors**

3

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

	<u> </u>	,
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization >

Yes

3

4

No

Νo

Νo

Νo

art VI	111	Statement o		_				_
		Check If Sched	ule O contains a respon	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क क	<b>1</b> a	Federated cam	paigns 1a					
Grants	b	Membership du	ies <b>1b</b>					
5 <u>E</u>	c	Fundraising eve	ents <b>1c</b>					
ons, Gifts, Grants Similar Amounts	d	Related organiz	zations 1d					
S, E	e	Government grants	s (contributions) <b>1e</b>					
Contributions, Gifts, and Other Similar A	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	118,142				
tributio Other	g	Noncash contribute	ons included in lines					İ
Cont	h	Total. Add lines	s 1a-1f		118,142			
Program Service Revenue	2a			Business Code				
á	b							
¥ C€	c							
₹	d e							
gram	f	All other progra	am service revenue					
Ĕ	g	Total. Add lines	s 2a-2f					
	3	Investment inc	ome (including dividend		7,908	7,908		
	4		ar amounts)....stment of tax-exempt bond p			•		+
	5	Royalties	<u> </u>	🕨				
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)					
	u	Wet rental medi	(i) Securities	(II) Other				1
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	-	ss)					
Other Revenue	8a		luding s reported on line 1c)					
e E		See Part IV, lin	ne 18 a	56,725				
<b>₽</b>	b		penses <b>b</b> [					
	c 9a	Gross income f	(loss) from fundraising ( from gaming activities ne 19	events ▶	56,725			
	h	Logo director	penses b					
			penses <b>b</b> [ (loss) from gaming activ	vities				
				<b>•</b>				1
	IUa	Gross sales of returns and allo						
	b	Less cost of g	oods sold <b>b</b>					
			loss) from sales of inve	entory ▶				
		Miscellaneous	s Revenue	Business Code				
]	11a _							
	b							
	c	All other ====						
	d e	All other revenue Total. Add lines	l	•				
[ ]	12	Total revenue.	See Instructions	· · · •	182,775	7,908		

### Part IX Statement of Functional Expenses

Section $50.1(c)(3)$ and $50.1(c)(4)$ organizations mu	ist complete all columns. All other	organizations must complete column (A.)

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	domestic governments see rurery, mic 21	40,475	40,475		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	43,580	5,666	12,202	25,712
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	4,070			4,070
13	Office expenses	12,969	818	1,762	10,389
14	Information technology				
15	Royalties				
16	Occupancy	750	97	210	443
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
 22	Depreciation, depletion, and amortization				
 23	Insurance	2,922	380	818	1,724
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on	2,722			
	Schedule O )	20.000			
a	GRANTS  FUNDRALGING EXPENSES	38,605	38,605		
b	FUNDRAISING EXPENSES	24,990			24,990
C	OTHER ADMINISTRATIVE	3,532	224	137	3,171
d		1			
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	171,893	86,265	15,129	70,499
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)				

B	Ralance	Cl
Part X	KAIANCE	Snee

Par	ŧΧ	Balance Sheet					
		Check if Schedule O contains a response or note to any line in	this Pai	rt <b>X</b>			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			17,687	1	69,164
	2	Savings and temporary cash investments			11,151	2	11,238
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers trustees, key employees, and highest compensated employe II of Schedule L					
Assets	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(3 contributing employers and sponsoring organizations of sect voluntary employees' beneficiary organizations (see instruct Part II of Schedule L	nd (c)(9)		5		
AS	7	Notes and loans receivable, net			7		
-	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis	Ι			-	
	IUa	Complete Part VI of Schedule D	10a				
	ь	Less accumulated depreciation	10b			<b>10</b> c	
	11	Investments—publicly traded securities			288,197	11	275,984
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equal line 34) .			317,035	16	356,386
	17	Accounts payable and accrued expenses			8,310	17	8,836
		·			74,279	18	82,590
	18	Grants payable			14,219		62,390
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
c۸	21	Escrow or custodial account liability Complete Part IV of Sc				21	
Liabilities	22	Loans and other payables to current and former officers, dire- key employees, highest compensated employees, and disqua	alıfıed	•			
æ		persons Complete Part II of Schedule L				22	
⊐	23	Secured mortgages and notes payable to unrelated third part	ies .	•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete Part X of Schedule D	lated th	ird parties,		25	
	26	Total liabilities. Add lines 17 through 25		•	82,589	26	91,426
	20	<del>-</del>			02,309	20	91,420
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	·  ✔ ar	id complete			
<del>a</del>	27	Unrestricted net assets			178,079	27	188,961
88 -	28	Temporarily restricted net assets			56,367	28	75,999
<u> </u>	29	Permanently restricted net assets		-		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check		 □ and			
Assets or Fund Balance	26	complete lines 30 through 34.		'		20	
et	30	Capital stock or trust principal, or current funds				30	
Ase	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Net '	32	Retained earnings, endowment, accumulated income, or othe	r funds		204.412	32	201.000
Z	33	Total net assets or fund balances			234,446	33	264,960
	34	Total liabilities and net assets/fund balances			317,035	34	356,386

of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

3a

3b

## Additional Data

Software ID:

Software Version:

**EIN:** 23-2790936

Name: RADNOR EDUCATIONAL FOUNDATION INC

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 46,959 including grants of \$ 40,475 ) (Revenue \$

VARIOUS GRANTS TO PROVIDE STUDENT ENRICHMENT

\_\_\_\_

efile	GRAPHIC	print -	DO NOT	PROCESS	As Filed	I Data

DLN: 93493320102506 OMB No 1545-0047

Employer identification number

**Public Charity Status and Public Support** 

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

23-2790936

Open to Public

Department of the Treasury Internal Revenue Service

990EZ)

1

2

3

SCHEDULE A

Name of the organization

RADNOR EDUCATIONAL FOUNDATION INC

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

described in section 170(b)(1)(A)(vi). (Complete Part II)

(Form 990 or

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Inspection

_	ı	•		•	,		s, and (2) no more than 3 311 tax) from businesse		
		organization after Jun	e 30,1975 S	ee <b>section 509(a)(2).</b>	(Complete Part	III)	,		
10		An organization organi	zed and opera	ited exclusively to tes	t for public safe	ety See <b>secti</b>	on 509(a)(4).		
11		one or more publicly s	upported orga	nizations described in	section 509(a	)(1) or sectio	inctions of, or to carry o n 509(a)(2) See <b>sectio</b> id complete lines 11e, 1	<b>n 509(a)(3).</b> Check	
а		supported organization organization <b>You mus</b>	n(s) the power t complete Pa	to regularly appoint o rt IV, Sections A and I	r elect a majori <b>3.</b>	ty of the dire	organization(s), typical ctors or trustees of the s	supporting	
b		management of the su must complete Part IV	pporting orgar /, Sections A a	nization vested in the sand <b>C.</b>	same persons t	hat control o	ported organization(s), brands	organization(s) <b>You</b>	
С		<b>Type III functionally integrated.</b> A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) <b>You must complete Part IV, Sections A, D, and E.</b>							
d		Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.							
е		Check this box if the or integrated, or Type III	-				t is a Type I, Type II, Ty	ype III functionally	
f	Enter	r the number of support		, , , , , , , , , , , , , , , , , , , ,	5 5				
g		Provide the following in	-						
_		-			` ,				
		(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above (see instructions))	(iv) Is the orga Iisted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)		
					Yes	No			
Tota	I								
For F	aperw	ork Reduction Act Noti	ce, see the In	structions for Form 99	0 or 990EZ.	Cat No 11		990 or 990-EZ) 2015	

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in)

1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	118,359	160,741	110,993	103,506	118,142	611,741
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	118,359	160,741	110,993	103,506	118,142	611,741
6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4						611,741
S	ection B. Total Support						
	Calendar year	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	Amounts from line 4	118,359	160,741	110,993	103,506	118,142	611,741
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,047	14,095	23,610	7,965	7,908	57,625

7	Amounts from line 4	118,359	160,741	110,993	103,506		118,142	611,741
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,047	14,095	23,610	7,965		7,908	57,625
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	<b>Total support.</b> Add lines 7 through 10							669,366
12	Gross receipts from related activit	ies, etc (see inst	ructions)		_	12	·	64,633
13	First five years If the Form 990 is	for the organization	on's first second	third fourth or f	ifth tay year ac a	section 5	01(c)(3	R) organization

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . Section C. Computation of Public Support Percentage

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 91 390 % Public support percentage for 2014 Schedule A, Part II, line 14 15 90 000 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶▽

▶□ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge <b>Total.</b> Add lines 1 through 5						
6	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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
0	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	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						
	VI)						
L3	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>		,	,,,	,		<b>▶</b> □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					<b>▶</b> □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in <b>Part VI</b> how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes." describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

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

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)				
Section D - Distributions			Current Year				
A mounts paid to supported organizations to accom	plish exempt purposes						
2 Amounts paid to perform activity that directly furth		ported organizations un					
excess of income from activity	ers exempt purposes or supp	orted organizations, in					
3 Administrative expenses paid to accomplish exem	pt purposes of supported orga	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval re	quired)						
6 Other distributions (describe in Part VI) See instri							
7 Total annual distributions. Add lines 1 through 6							
7 Total allilual distributions. And lines 1 through 6							
<b>8</b> Distributions to attentive supported organizations details in Part VI) See instructions	to which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
	T	····	I				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1 Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
<b>3</b> Excess distributions carryover, if any, to 2015							
a							
b							
<u>C</u>							
d From 2013							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7 \$							
a Applied to underdistributions of prior years							
<b>b</b> Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract							
lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c							
8 Breakdown of line 7							
a							
b							
c Excess from 2013							
<b>d</b> From 2014							
e From 2015							
		Schodulo A	(Form 990 or 990-F7) (2015				

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DLN: 93493320102506

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization ADNOR EDUCATIONAL FOU	JNDATION INC					<b>Employer ide</b> 23-2790936	ntification number
Part I Fundraising Ac Form 990-EZ file				ation answered "Yes" his part.	on Form		
Indicate whether the orga	nızatıon raısed fun	ds throug	h any of th	ne following activities C	heck all ti	nat apply	
<b>a</b> Mail solicitations				e Solicitation of n	on-goverr	ment grants	
<b>b</b> Internet and email so	licitations			f Solicitation of g	overnmen	t grants	
c Phone solicitations				g Special fundrais	sing event	S	
d   In-person solicitation	าร						
Did the organization have or key employees listed in services? b If "Yes," list the ten high	n Form 990, Part V	II) or ent	ity in coni es (fundra	nection with professiona	ıl fundraısı	ng <b>Y</b>	<b>es  No</b> undraiser is
to be compensated at lea	ast \$5,000 by the o	organizati	on				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in ol (i)	(vi) Amount paid to (or retained by) organization
•		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							
otal	1		<b>•</b>				
List all states in which the oregistration or licensing	organization is regi	stered or	licensed	to solicit contributions o	or has bee	n notified it is o	exempt from

che	edule G (Form 990 or 990-EZ) 2015				Page <b>2</b>
Pa	rt II Fundraising Events.  Complete if the organization fundraising event contribution receipts greater than \$5,000	ons and gross income	Form 990, Part IV, line on Form 990-EZ, line	e 18, or reported mor s 1 and 6b. List even	re than \$15,000 of ts with gross
	<u>-</u>	(a)Event #1  GALA FUNDRAISIN	<b>(b)</b> Event #2	(c)O ther events	(d) Total events (add col (a) through
rie		(event type)	(event type)	(total number)	col <b>(c)</b> )
Keverkie	1 Gross receipts	56,725			56,725
	<b>2</b> Less Contributions				
	Gross income (line 1 minus line 2)	56,725			56,725
	4 Cash prizes				
	<b>5</b> Noncash prizes				
n	<b>6</b> Rent/facility costs				
2	<b>7</b> Food and beverages				
re lea	8 Entertainment				
วี	9 Other direct expenses				
5	10 Direct expense summary Add lines	4 through 9 ın column (d	)		
	11 Net income summary Subtract line 1	l O from line 3, column (d	)		56,725
aı	<b>t III Gaming.</b> Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	re than \$15,000 on
Keverkie		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
¥ —	1 Gross revenue				
S S	2 Cash prizes				
200	<b>3</b> Noncash prizes				
ם בוער בוער	4 Rent/facility costs				
<u>.</u>	<b>5</b> Other direct expenses				

6 Volunteer labor **7** Direct expense summary Add lines 2 through 5 in column (d) . . 8 Net gaming income summary Subtract line 7 from line 1, column (d). . . . . . Enter the state(s) in which the organization conducts gaming activities \_ **T**Yes **T**No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain \_ Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No If "Yes," explain \_

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the

Treasury

Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493320102506

Open to Public Inspection

Employer identification number

RADNOR EDUCATIONAL FOUNDATION INC						23-2790936	23-2790936	
Part I General Information	on on Grants an	d Assistance						
Does the organization maintain the selection criteria used to a Describe in Part IV the organiz      Part II Grants and Other Assist that received more than	ward the grants or a cation's procedures to ance to Domestic O	ssistance?	of grant funds in the Ur	ited States	· · · ·	orm 990, Part IV, line 21	Yes ✓ N	
(a) Name and address of organization or government	(b) EIN	(c) IRC 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	<b>(h)</b> Purpose of gran or assistance	
See Additional Data Table								
				1				
2 Enter total number of section 5 3 Enter total number of other org.	. , . ,	-				_		

#### **Additional Data**

or government

WAYNE, PA 19087

Software ID: Software Version:

EIN: 23-2790936

Name: RADNOR EDUCATIONAL FOUNDATION INC

assistance

(h) Purpose of grant

or assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of ıf applıcable (book, FMV, appraisal, non-cash assistance organization grant cash other)

J			,	
RADNOR TOWNSHIP SCHOOL DISTRICT 135 S WAYNE AVE WAYNE,PA 19087	23-6004129	9,825		SUMMER THEATRE
RADNOR TOWNSHIP SCHOOL DISTRICT 135 S WAYNE AVE WAYNE,PA 19087	23-6004129	6,000		NEIGHBORS HELPING NE
RADNOR TOWNSHIP SCHOOL DISTRICT 135 S WAYNE AVE	23-6004129	8,850		STEM CLUB

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, | non-cash assistance or assistance arant or aovernment assistance other) RADNOR TOWNSHIP 23-6004129 5.300 FRESHMAN SCHOOL DISTRICT FUNDAMENTAL 135 S WAYNE AVE

135 S WAYNE AVE
WAYNE, PA 19087

RADNOR TOWNSHIP
SCHOOL DISTRICT

SMART TABLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

135 S WAYNE AVE WAYNE, PA 19087

efile GRAPHIC print - DO NOT PROCESS A		As Filed Data -	DLN:	93493320102506	
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue	Complete to prov Form 990 or	ide information for res 990-EZ or to provide a ▶ Attach to Form 99 Schedule O (Form 990	Information to Form 990 or 990-EZ  information for responses to specific questions on 0-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. hedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		
Name of the organization RADNOR EDUCATIONAL FOUL	NDATION INC		<b>Employer ident</b> 23-2790936	ification number	
	upplemental Informati urn Reference	on	Explanation		
FORM 990, PAGE 2, PA	ART III, LINE 4D	VARIOUS GRAN	VARIOUS GRANTS TO PROVIDE STUDENT ENRICHMENT		
FORM 990, PAGE 6, PA	ART VI, LINE 11B	NO REVIEW WA	S OR WILL BE CONDUCTED		

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC		
FORM 990, PART XI, LINE 9	INCREASE IN RESTRICTED NET ASSETS 19,632 TOTAL 19,632		