

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



efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93491249000127

2016

OMB No 1545-0052

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury

Form 990-PF

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2016, or tax year beginning 01-01-2	016 , aı	nd ending 12-31	-2016 dentification numbe		
		RD AREA FOUNDATION		20-1060782	Jentineación nambe		
Num	ber and	street (or P O box number if mail is not delivered to street address	s) Room/suite	P Tolophono n	umbor (soo instructio	nc)	
P	O BOX 3	841	(610) 932-462	B Telephone number (see instructions) (610) 932-4627			
		, state or province, country, and ZIP or foreign postal code \ 19363			application is pendir	ng, check here	
G Ch	neck al	I that apply Initial return Initial return of a	a former public charity	D 1. Foreign o	rganizations, check h	ere 🗀	
		☐ Final return ☐ Amended return	١		organizations meeting		
		Address change Name change			ck here and attach co	–	
H Ch	neck ty	pe of organization \square Section 501(c)(3) exempt private	foundation		oundation status was on 507(b)(1)(A), che		
		4947(a)(1) nonexempt charitable trust U Other taxab					
of '	year <i>(f</i>	xet value of all assets at end from Part II, col (c), \$ 20,648,770			lation is in a 60-mont on 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes	
	1	Contributions, gifts, grants, etc , received (attach	58,764			(cash basis only)	
	2	schedule) Check ▶ ☐ If the foundation is not required to attach					
	3	Sch B	3,757	3,75	7		
	4	Dividends and interest from securities	366,402				
	5a	Gross rents	,	,			
	ь	Net rental income or (loss)	_				
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	-204,770				
Revenue	b	Gross sales price for all assets on line 6a					
Rev	7	4,906,89 Capital gain net income (from Part IV, line 2)	5	1	2		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	19,797	5,02	1		
	12	Total. Add lines 1 through 11	243,950	375,180	ס		
	13	Compensation of officers, directors, trustees, etc	36,950	· · · · · · · · · · · · · · · · · · ·	2	29,148	
	14	Other employee salaries and wages	41,194			39,134	
ses	15	Pension plans, employee benefits	8,885	1,095		7,790	
ē	16a	Accounting fees (attach schedule)	14,650	10,988	2	3,663	
Expenses	b c	Other professional fees (attach schedule)	91,417	-		1,865	
	17	Interest	27,417	05,55	_	1,003	
rat	18	Taxes (attach schedule) (see instructions)	27	2:	7	0	
and Administrative	19	Depreciation (attach schedule) and depletion	2,695				
Ē	20	Occupancy	5,002			3,501	
Ψ	21	Travel, conferences, and meetings	676	· · · · · · · · · · · · · · · · · · ·		541	
and	22	Printing and publications					
bu	23	Other expenses (attach schedule)	9,163	1,833	3	7,330	
Operating	24	Total operating and administrative expenses.					
be		Add lines 13 through 23	210,659	115,532	2	92,972	
O	25	Contributions, gifts, grants paid	633,856			633,856	
	26	Total expenses and disbursements. Add lines 24 and 25	844,515	115,532	2	726,828	
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	-600,565				
	ь	Net investment income (If negative, enter -0-)		259,648	3		
	С	Adjusted net income(if negative, enter -0-)				L	
-or	raper	work Reduction Act Notice, see instructions.		Cat No 11289	X Fo	rm 990-PF (2016)	

21,097,223

21,097,223

21,097,223

20.414.149

20,414,149

20,414,149

2

3

4

5

6

21,097,223

20,496,658

20,414,149 Form **990-PF** (2016)

82,509

-600,565

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

18

19

20

21 22

23

24

25

28

29

31 Part III Deferred revenue .

Other liabilities (describe -_

Unrestricted . . .

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Temporarily restricted

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

5

Page **3**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)					ed se	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED SECU							
b GLENMEDE PRIVATE INVESTMNET FUND VIII (PASS-THROUGH)							
c GLENMEDE PRIVATE INV	ESTMNET	FUND VIII (PASS-THROUG	GH)	Р			
d GLENMEDE PRIVATE INV		•	· · · · · · · · · · · · · · · · · · ·	Р			
e CAPITAL GAINS DIVIDEN		, ,	,	Р			
		(f)		(g)		(1)
(e) Gross sales price		Depreciation allowed (or allowable)	Cost or	other basis ense of sale		Gain o	r (loss)) minus (g)
a 4,69	2,104			5,111	,665		-419,561
b	177						177
c 1	8,345						18,345
d 7	0,085						70,085
e 12	6,184						126,184
Complete only for assets	showing	gain in column (h) and ow	ned by the foundation i	on 12/31/69		,	<u> </u>
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (j), ıf any		Gains (Col (col (k), but not	n) gain minus less than -0-) or om col (h))
a							-419,561
b							177
С							18,345
d							70,085
e							126,184
	gain or (le	capital loss) pss) as defined in sections 1 8, column (c) (see instructions 1		Part İ, lıne 7	}	3	-204,770
For optional use by domestic p f section 4940(d)(2) applies, le Vas the foundation liable for th f "Yes," the foundation does no	rivate for eave this e section	part blank 4942 tax on the distributal	tion 4940(a) tax on ne	t investment ir	ncome		es 🗹 No
1 Enter the appropriate an	nount in e	each column for each year,	see instructions before	making any e	ntries		
(a) Base period years Calendar year (or tax year beginning in)	Adjus	(b) ted qualifying distributions	(c) Net value of noncharitab	le-use assets		(d) Distribution rati (col (b) divided by c	-
2015		1,047,402		20,680,217			0 050648
2014		921,273		21,280,721			0 043291
2013		938,301		20,596,954			0 045555
2012		777,384		19,322,109			0 040233
2011		5,700,492		19,053,442			0 299184
2 Total of line 1, column (d)			1	2		0 478911
3 Average distribution ratio	for the ! dation h	5-year base period—divide t as been in existence if less ble-use assets for 2016 from	than 5 years n Part X, line 5	or by the	3 4 5		0 095782 19,957,196
6 Enter 1% of net investme					6	1,911,540	
		, , ,					2,596
				\cdot \cdot \cdot \cdot \vdash	7		1,914,136
8 Enter qualifying distributi If line 8 is equal to or gre instructions		Part XII, line 4 ,			8 using	a 1% tax rate Se	726,828 e the Part VI
		<u> </u>	<u> </u>			Fo	rm 990-PF (2016)

	If "Yes," attach the statement requir	ed b	y Regulations section 53	4945-5(d)					
6 a	Did the foundation, during the year,	rece	eive any funds, directly or	indirectly, to pay premiu	ims on				
	a personal benefit contract?				· 🗌 Yes 🗸				
b	Did the foundation, during the year,	pay	premiums, directly or ind	irectly, on a personal bei	nefit contract?	NO	6b		No
	If "Yes" to 6b, file Form 8870					Ī			
7a	At any time during the tax year, was	the	foundation a party to a p	rohibited tax shelter tran	nsaction? Yes				
b	If yes, did the foundation receive an				∟ Yes 💌	No	7b		
	Information About O		· · · · · · · · · · · · · · · · · · ·		nagers, Highly Paid Er	nplov	vees.		
Pa	and Contractors		,,		g, g ,		, ,		
1	List all officers, directors, trustee	s. f	oundation managers an	d their compensation	(see instructions).				
	List all officers, affectors, trastee	<i>5</i> ,			(d)				
	(a) Name and address		Title, and average hours per week	(c) Compensation (If not paid, enter	Contributions to employee			se acc	
	(a) mame and address	(b) devoted to position	-0-)	benefit plans and deferred	(e)	other	allowa	nces
	Addıtıonal Data Table		-	-	compensation	1			
see	Additional Data Table								
2	Compensation of five highest-pai	d er	nployees (other than th	ose included on line 1		ne, er	nter "l	NONE.	
	(a)		Title, and average		Contributions to				
Na	ame and address of each employee pa	ıd	hours per week	(c) Compensation	employee benefit plans and deferred			e acco allowar	
	more than \$50,000		(b) devoted to position		(d) compensation	(0)		anomai	1000
NON	E								
			1						
			1						
			1						
Tota	I number of other employees paid over	r¢	50,000	1					
OLA	in number of other employees paid over	н фС		· · · · · · · · ·		Г	004)-PF (2016
						For	пээ	,-PF	/U15

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trus and Contractors (continued)	stees, Foundation Managers, Highly Paid I	Employees,
3 Five highest-paid independent contractors for professiona	l services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
GLENMEDE	INVESTMENT FEES	75,325
1650 MARKET STREET SUITE 1200 PHILADELPHIA, PA 19103		
Total number of others receiving over \$50,000 for professional service	es	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Inc		Expenses
organizations and other beneficiaries served, conferences convened, research paper 1	ers produced, etc	
<u> </u>		
-		
2		
3		
<u></u>		
4		
Part IX-B Summary of Program-Related Investments	s (see instructions)	
Describe the two largest program-related investments made by the foundation	during the tax year on lines 1 and 2	Amount
1		
2		
		_
All other program-related investments See instructions		
3		_
		4
Tabal Addition of the court 2		
Total. Add lines 1 through 3	<u> </u>	
		Form 990-PF (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

За 3b

4

5

726,828

726.828

726.828

Form 990-PF (2016)

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Page 9

726.828

265,839

Form **990-PF** (2016)

Form 990-PF (2	016)
Part XIII	Und

Form 990-PF (2016)				
Part XIII	Undist			

b Total for prior years

From 2011. . . . **b** From 2012. . . . c From 2013. .

d From 2014. . . .

XII, line 4 🕨 \$

indicated below:

e From 2015.

tributed Income (see instructions)

a Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

b Excess from 2013. . c Excess from 2014. . . .

d Excess from 2015. . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016

4,166,768

15.608

22,715

15,608

22.715

- (a) Corpus

4,205,091

265,839

3,939,252

3.900.929

38,323

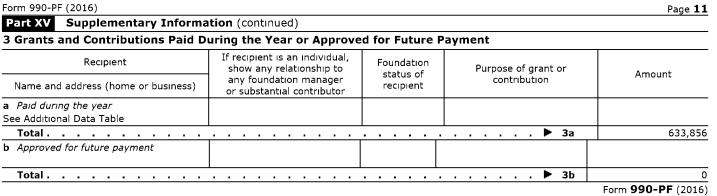
- (b) Years prior to 2015
- 2015

(c)

- - 992.667

REQUEST A MEETING OR SITE VISIT TO COMPLETE THE DECISION-MAKING PROCESS FOR FUNDING GRANT RECIPIENTS MUST ACCEPT THE TERMS OF OUR DONATION AS SPECIFIED IN OUR GRANT CONTRACT AND THEN FOLLOW THE FOUNDATION GUIDELINES FOR GRANT

REPORTING



iter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
. Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a b					
c					
d					
e					
f					
g Fees and contracts from government agencies Membership dues and assessments					
Interest on savings and temporary cash investments			14	3,757	
Dividends and interest from securities			14	366,402	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property Net rental income or (loss) from personal property					
Other investment income. Gain or (loss) from sales of assets other than				224 772	
Inventory			18	-204,770	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory					
Other revenue					
a GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-					
THROUGH)			01	3,777	
b MISCELLANEOUS INCOME			01	1,244	
c EXCISE TAX REFUND - OVERPAYMENT d			01	14,776	
e					
l l				185 186	
Subtotal Add columns (b), (d), and (e)		0		185,186 3	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). ee worksheet in line 13 instructions to verify calculation	ns)		1	185,186 3	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the	^{ns}) e Accomplish	ment of Exem	pt Purposes	3	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exist.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex-	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the ne No. Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the ne No. Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation of the No. Explain below how each activity for which is the accomplishment of the foundation's exist.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation of the No. Explain below how each activity for which is the accomplishment of the foundation's exist.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation of the No. Explain below how each activity for which is the accomplishment of the foundation's exist.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the ne No. Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the ne No. Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second activity for which is the accomplishment of the foundation's exception.	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	185,186

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVI	Exempt Organi	zations				<u> </u>			
	rganization directly or in Code (other than section						501	Yes	No
a Transfers	from the reporting foun	dation to a nonc	haritable ex	empt organization	of				
(1) Casi	h						1a(1)		No
(2) Othe	er assets						. 1a(2)		No
b Other tra									
	s of assets to a nonchar	•	_				. 1b(1)		No
	chases of assets from a r						. 1b(2)		No
• •	tal of facilities, equipmer	•					. 1b(3)		No
٠.	nbursement arrangemen						1b(4)		No
	ns or loan guarantees. ormance of services or m						1b(5) 1b(6)		No No
` .	of facilities, equipment, n	·	_				1c		No
_	swer to any of the above		•						110
of the go	ods, other assets, or ser	vices given by th	ne reporting	foundation If the	foundation receive	ed less than fair marke	t value		
ın any tra	ansaction or sharing arra	ngement, show	ın column (d	d) the value of the	goods, other asse	ets, or services receive	d		
(a) Line No	(b) Amount involved	(c) Name of non-	charitable exe	mpt organization	(d) Description of	transfers, transactions, ar	nd sharing arra	naemen	its
`				· •		, ,			
2a Is the for	indation directly or indire	active affiliated we	th or rolato	d to one or more	tay ayamat araan	rations			
	undation directly or indire I in section 501(c) of the	•	•	•			. 🗆 Yes	☑ N	۱۵
	• •	·	in section 50	or in sect	ion 52/4		. Lifes	I ▼ IN	10
D IT Yes,	complete the following si (a) Name of organization		1 0	b) Type of organization	an I	(c) Description of	relationshin		
	(a) Hame of organization	211	<u> </u>	b) Type of organization		(c) Description of	Telationship		
	der penalties of perjury, my knowledge and belief								
	ich preparer has any kno		ct, and com	piete Deciaration	or preparer (other	triair taxpayer) is base	eu on an imoi	mation	1 01
Here L	*****	_		2017-08-25	*****		the IRS discus		
	Signature of officer or to			<u> </u>	— D 		n the preparer :		
	Signature of officer or t	rustee 		Date	/ Title	(se	e instr)? 🗹 Y	'es ⊔ N	lo
	Print/Type preparer's	name Pre	eparer's Sigi	nature	Date	PT	IN		
			•			Check if self-	P01269	555	
	DOUGLAS L BERMA	AN I			2017-08-25	employed ▶ ☐	101203	,555	
Paid					2017 00-23				
Prepare		LLP			1	- Com	m's EIN ▶23	21021	73
Use Only						FII	≥ LIN ► 23	21001	.,,
	Firm's address ► 35	01 CONCORD R	DAD PO BOX	(21439					
	YC	ORK, PA 17402				Ph	one no (717) 843-3	3804
	i					1			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation NANCY WARE SAPP PRESIDENT 18,000 ۵ 34 00 PO BOX 341 OXFORD, PA 19363 DEBRA WARE KLINE 3,650 0 VICE-PRESIDENT 32 00 PO BOX 341 OXFORD, PA 19363 KAREN WARE 0 VICE-PRESIDENT 4,600 32 00 PO BOX 341 OXFORD, PA 19363 ADAM SADD TREACHRER 2 400 ۸l BRIGHAM FARIA **BOARD MEMBER** 1,800 1 00 PO BOX 341 OXFORD, PA 19363 PHILIP SAPP JUNIOR BOARD 1,600 0 MEMBER PO BOX 341 1 00

ADAM SAFF	1 00	3,400	0	١
PO BOX 341 OXFORD, PA 19363				
KIMBERLY ZULEBA	SECRETARY	3,400	0	C
PO BOX 341 OXFORD, PA 19363	2 00			

BOARD MEMBER

1 00

500

0

OXFORD, PA 19363 KEARA SCALLAN

PO BOX 341 OXFORD, PA 19363

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

(or substantial contributor			
a Paid during the year				
AARON'S ACRES 1861 CHARTER LANE SUITE 114 LANCASTER, PA 17601		PC	COMMUNITY OUTREACH COORDINATOR POSITION	5,000
ALS 321 NORRISTOWN ROAD		PC	GREATER PHILA CHAPTER	15,000

AMBLER, PA 19002	FC	GREATER FILLA CHAFTER	
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	PC	OXFORD, PA INDIVIDUALS	

AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	PC	OXFORD, PA INDIVIDUALS	2,000
ARC OF CHESTER COUNTY 900 LAWRENCE DRIVE WEST CHESTER, PA 19380	PC	EDUCATION ADVOCACY PROGRAM	10,000

ROCKVILLE, MD 20852			
ARC OF CHESTER COUNTY 900 LAWRENCE DRIVE WEST CHESTER, PA 19380	PC	EDUCATION ADVOCACY PROGRAM	10,0

ARC OF CHESTER COUNTY 900 LAWRENCE DRIVE WEST CHESTER, PA 19380	PC	EDUCATION ADVOCACY PROGRAM	10,000
BOLIDNELVE CDECTAL CAMP	DC.	CENERAL OPERATING EXPENSES	E 000

900 LAWRENCE DRIVE WEST CHESTER, PA 19380		PROGRAM	
BOURNELYF SPECIAL CAMP	PC	GENERAL OPERATING EXPENSES	5,000

WEST CHESTER, PA 19380			
BOURNELYF SPECIAL CAMP 1066 SOUTH NEW STREET WEST CHESTER, PA 19382	PC	GENERAL OPERATING EXPENSES	5,000

1066 SOUTH NEW STREET WEST CHESTER, PA 19382		
Total	 	 633,856

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
BOYS & GIRLS CLUBS OF DELAWARE 669 S UNION STREET WILMINGTON, DE 19805		PC	TENNIS INTRODUCTION PROGRAM	10,731	
CAMP DREAMCATCHER 148 WEST STATE STREET SUITE 104 KENNETT SQUARE, PA 19348		PC	THERAPUETIC & EDUCATIONAL CAMP	20,025	
CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DRIVE EXTON, PA 19341		PC	GENERAL OPERATING EXPENSES	30,000	
CHESTER COUNTY FUTURES 704 HAYWOOD DRIVE EXTON, PA 19341		PC	GEN OPERATING/FUTURES AHEAD PROGRAM	35,000	
CHESTER COUNTY HOSPITAL FOUNDATION 701 E MARSHALL STREET		PC	JENNERS VILLAGE MEDICAL CAMPUS	50,000	

WEST CHESTER, PA 19380

633,856

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHILDREN'S HOSPITAL OF PC. 5K RACE 6,000 **PHILADELPHIA** 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 COATESVILLE YOUTH INITIATIVE PC **PROGRAMS** 5,000 545 LINCOLN HWY E

COATESVILLE, PA 19320			
DOMESTIC VIOLENCE CENTER OF CHESTER COUNTY 731 W CYPRESS STREET KENNETT SQUARE, PA 19348	PC	OXFORD OFFICE	20,000
FRANKLIN CENTER 410 W FRANKLIN STREET BALTIMORE, MD 21201	PC	UNRESTRICTED	1,000
FRIENDS ASSOCIATION	PC	OUTREACH TO HOMELESS	5,000

FAMILIES PROGRAM

633,856

113 W CHESTNUT STREET

WEST CHESTER, PA 19380

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GOOD NEIGHBORS PC GENERAL OPERATING/OXFORD, 20,000 224 E STREET ROAD 2 PA PROJECT KENNETT SQUARE, PA 19348 HAIRS 2 U WIGS BANK 760 S 4TH ST PC WIGS 3,500 PHILADELPHIA, PA 19147 00

HANDI-CRAFTERS 215 BARLEY SHEEF ROAD THORNDALE, PA 19372	PC	SKILL DEVELOP PROGRAM	15,000
LA COMUNIDAD HISPANA 731 WEST CYPRESS STREET	PC	GENERAL OPERATING EXPENSES	15,000

LA COMUNIDAD HISPANA 731 WEST CYPRESS STREET KENNETT SQUARE, PA 19348	PC	GENERAL OPERATING EXPENSES	
LANCACTED MENNIONITE COLLOCI	DC	LOCUST CROVE LIVAS	

731 WEST CYPRESS STREET KENNETT SQUARE, PA 19348			
LANCASTER MENNONITE SCHOOL	PC	LOCUST GROVE HVAC	

731 WEST CYPRESS STREET KENNETT SQUARE, PA 19348	FC	GENERAL OPERATING EXPENSES	13
LANCASTER MENNONITE SCHOOL	PC	LOCUST GROVE HVAC	15

ENVETT SQUARE, TA 19540			
NCASTER MENNONITE SCHOOL 257 OLD PHILADELPHIA PIKE NCASTER, PA 17602	PC	LOCUST GROVE HVAC INSTALLATION	15,000

LANCASTER, PA 17602		INSTALLATION	
Total	 		633,856

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LIGHTHOUSE YOUTH CENTER PC 2016-2017 OPERATING BUDGET 16,000 245 COMMERCE STREET OXFORD, PA 17363 LIGHTHOUSE YOUTH CENTER PC SOCCER EQUIPMENT 1,600 245 COMMERCE STREET

OXFORD, PA 17363			
LORD'S HOUSE OF PRAYER 133 E VINE STREET LANCASTER, PA 17602	PC	MEN IN REHAB PROGRAM	50,000
MEALS ON WHEELS 404 WILLOWBROOK LANE WEST CHESTER, PA 19382	PC	OXFORD CHAPTER	5,000

7,500

PC GENERAL OPERATING EXPENSES

MOM'S HOUSE INC 1718 HOWLAND STREET

WILMINGTON, DE 19805

Total . 633,856

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of contribution contribution	Amount		
Name and address (home or business)		recipient		
a Paid during the year				
NEIGHBORHOOD SERVICES CENTER 35 NORTH THIRD STREET OXFORD, PA 19363		PC	DINNER/AUCTION TABLE SPONSORSHIP	2,500
NEIGHBORHOOD SERVICES CENTER 35 NORTH THIRD STREET OXFORD, PA 19363		PC	GENERAL OPERATING EXPENSES	10,000
NOTTINGHAM PRESBYTERIAN CHURCH 497 WEST CHRISTINE ROAD NOTTINGHAM, PA 19362		PC	BUILDING FUND	5,000
NOTTINGHAM PRESBYTERIAN CHURCH 497 WEST CHRISTINE ROAD NOTTINGHAM, PA 19362		PC	BACK-TO-SCHOOL FAIR	6,500
OXFORD AREA CIVIC ASSOCIATION		PC	2016 THW TV HUNGER HELP	1.000

PO BOX 34 WALK

OXFORD, PA 19363

633,856

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OXFORD ARTS ALLIANCE PC FEASIBILITY STUDY 25,000 38 S 3RD STREET OXFORD, PA 19363 OXFORD ARTS ALLIANCE PC GENERAL OPERATING SUPPORT 8,000 000 600 23 S 3RD STREET OXFORD, PA 19363

PC

ENDOWMENT FUND

10,000

633,856

38 S 3RD STREET OXFORD, PA 19363			-,
OXFORD ARTS ALLIANCE 38 S 3RD STREET OXFORD, PA 19363	PC	PROGRAMMING EXPENSES	10,00
OXFORD CHAMBER OF COMMERCE	PC	2016 CHAMBER DINNER/DANCE	60

OXFORD EDUCATIONAL FOUNDATION

PO BOX 142 OXFORD, PA 19363

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OXFORD EDUCATIONAL FOUNDATION PC MENTORING & TUTORING 10,000 PO BOX 142 PROGRAM OXFORD, PA 19363 PC 5,000 OXFORD MAINSTREET INC 2016 GALA UNDERWRITING

OXFORD, PA 19363			
OXFORD MAINSTREET INC 13 S 3RD STREET OXFORD, PA 19363	PC	2016 GALA TABLE SPONSORSHIP	2,500
OXFORD MAINSTREET INC 13 S 3RD STREET OXFORD, PA 19363	PC	ART MURAL	2,000
OXFORD MAINSTREET INC	PC	2016 MATCHING GIFT	25,000

633,856

13 S 3RD STREET OXFORD, PA 19363

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
OXFORD PUBLIC LIBRARY 48 SOUTH SECOND STREET OXFORD, PA 19363		PC	GENERAL OPERATING EXPENSES	10,000	
OXFORD ROTARY PO BOX 27 OXFORD, PA 19363		PC	CRAB FEAST TABLE SPONSORSHIP	400	
OXFORD SENIOR CENTER 12 E LOCUST ST OXFORD, PA 19363		PC	OUTDOOR MEETING AREA/BOOMER PROGRAM	15,000	
PHOENIX MULTISPORT 4654 NORTH BROADWAY UNIT C BOULDER. CO 80304		PC	GENERAL OPERATING EXPENSES	25,000	

PC

GENERAL OPERATING EXPENSES

10,000

633,856

OXI OND, I A 13303		31 014301(3111)	
OXFORD SENIOR CENTER 12 E LOCUST ST OXFORD, PA 19363	PC	OUTDOOR MEETING AREA/BOOMER PROGRAM	15,0
PHOENIX MULTISPORT	PC	GENERAL OPERATING EXPENSES	25,0

POINT THE 700 MAIN STREET

PARKESBURG, PA 19365

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PRISONER VISITATION AND SUPPORT PC PROGRAM FUNDING 5,000 1501 CHERRY ST PHILADELPHIA, PA 19102

ROTARY FOUNDATION PO BOX 27 OXFORD, PA 19363	PC	INCLUSIVE PLAYGROUND	10,000
SAFE HARBOR OF GREATER WEST CHESTER 20 NORTH MATLACK STREET	PC	GENERAL OPERATING EXPENSES	10,000

CHESTER 20 NORTH MATLACK STREET WEST CHESTER, PA 19380		GENERAL OF ENATING EATERSES	
SILO PO BOX 22 OXFORD, PA 19363	PC	SNOWBALL	

3a

'			
SILO PO BOX 22 OXFORD, PA 19363	PC	SNOWBALL	3,000
WAMU RADIO	PC	UNRESTRICTED	10,000

OXFORD, PA 19363		SNOWBALL	3,000
WAMU RADIO 4401 CONNECTITCUT AVE NW WASHINGTON. DC 20008	PC	UNRESTRICTED	10,000

NAMO RADIO 1401 CONNECTITCUT AVE NW NASHINGTON, DC 20008	FC	UNKESTRICTED	10,0
Total	 		633,856

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WEST GROVE AREA DAYCARE CENTER PC GENERAL OPERATING EXPENSES 7,000 155 E HARMONY RD

WEST GROVE, PA 19390				
WHITE CLAY SOCCER CLUB PO BOX 324 WEST GROVE, PA 19390		PC	SCHOLARSHIP POGRAM	5,000
	(

4,500

WHITE CLAY SOCCER CLUB PO BOX 324 WEST GROVE, PA 19390	PC	REC PROGRAM & LIGHTHOUSE PROGRAM	
WHYY INDEPENDENCE MALL PHILADELPHIA, PA 19106	PC	UNRESTRICTED	

WHYY INDEPENDENCE MALL PHILADELPHIA, PA 19106	PC	UNRESTRICTED	5,000
WOMEN'S MEDICAL FUND PO BOX 40748	PC	CHESTER COUNTY PROGRAM	10,000

PHILADELPHIA, PA 19106	PC	ONRESTRICTED	ο,
WOMEN'S MEDICAL FUND PO BOX 40748 PHILADEL PHIA DA 19107	PC	CHESTER COUNTY PROGRAM	10,

NOMEN'S MEDICAL FUND PO BOX 40748 PHILADELPHIA, PA 19107	PC	CHESTER COUNTY PROGRAM	10,0

PO BOX 40748 PHILADELPHIA, PA 19107			10,000
Total	 	• • • • • • • •	633,856

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution

recipient

	or substantial contributor			
a Paid during the year				
YMCA 880 W BALTIMORE PIKE		PC	JENNERSVILLE SUMMER POWER	5,000

VEST GROVE, PA 19390		SCHOLARS PROGRAM	
YOUNG MOMS PO BOX 376	PC	GENERAL OPERATING EXPENSES	

any foundation manager

Name and address (home or business)

YOUNG MOMS PO BOX 376 KENNETT SQUARE, PA 19348 PC GENERAL OPERATING EXPENSES

Tatal		_	632.056
YOUNG MOMS PO BOX 376 KENNETT SQUARE, PA 19348	PC	GENERAL OPERATING EXPENSES	7,500
VOLING MOME DO DOV 376	DC.	CENTER ALL ORDER ATTING EVERNOES	7 500

KENNETT SQUARE, PA 19348		
Total	 	633,856

CENNETT SQUARE, PA 19346		1
Total	 	 63

efile GRAPHIC print - DO NOT P	ROCESS As Filed I	Data -	D	LN: 93491249000127
TY 2016 Accounting Fe	ees Schedule			
_				
	Name: THE OXI	FORD AREA FOUNDA 0782	ATION	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	14,650	10,988		3,663

TY 2016 Investments Corporate Bonds Schedule	

Name: THE OXFORD AREA FOUNDATION

EIN: 20-1060782

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

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MUTUAL FUNDS - FIXED INCOME	4,609,225	4,278,919

TV 2016 Tourselos ente Composito Charle Calcadala	
TY 2016 Investments Corporate Stock Schedule	

3,121,367

2,783,585

Name: THE OXFORD AREA FOUNDATION ETN: 20-1060782

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

INVESTMENTS - STOCKS

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MUTUAL FUNDS - DOMESTIC EQUITY	5,351,360	5,640,181
MUTUAL FUNDS - INTERNATIONAL EQUITY	4,799,392	4,683,315

TY 2016 Investments - Other Schedule	

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

EIN: 20-10607	82		
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS - ALTERNATIVE	AT COST	2,430,000	2,484,401

Name: THE OXFORD AREA FOUNDATION

TY 2016 Land, Etc.		_
Schedule		
Scriedule		

369

369

Name: THE OXFORD AREA FOUNDATION

7,746

FIN: 20-1060782

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

FURNITURE

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EQUIPMENT	16,052	14,952	1,100	1,100

7,377

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491249000127
TY 2016 Other Decreases Scho	edule		<u> </u>
Name:	THE OXFORD	AREA FOUNDATION	
EIN:	20-1060782		
De	escription		Amount
GLENMEDE PRIVATE INVESTMENT FUND	VIII, LLC		13,217
GLENMEDE PRIVATE INVESTMENT FUND	IX, LLC		69,292

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491249000127
TY 2016 Other Expenses Sche	dule			
Name:	THE OXFORD A	REA FOUNDATIO	N	
EIN:	20-1060782			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSES	3,938	788		3,150
DUES AND SUBSCRIPTIONS	4,623	925		3,698

WEBSITE

14,776

Name: THE OXFORD AREA FOUNDATION **EIN:** 20-1060782

EXCISE TAX REFUND - OVERPAYMENT

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)	3,777	3,777	3,777		
MISCELLANEOUS INCOME	1,244	1,244	1,244		

14,776

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLN	N: 93491249000127	
TY 2016 Other Professional Fees Schedule					
Name: THE OXFORD AREA FOUNDATION					
EIN: 20-1060782					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	
		Income	Income	Purposes	

89,290

262

1,865

89,290

2,127

	
Category	Amount

INVESTMENT ADVISOR FEES

OTHER

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491249000127			
TY 2016 Substantial Contributors Schedule					
Name: THE OXFORD AREA FOUNDATION EIN: 20-1060782					
Name		Address			
JOHN H WARE III CLAT		C/O JP MORGAN ONE LIBERTY PLACE			
		PHILADELPHIA, PA 19103			
JOHN H WARE IV CLAT		PHILADELPHIA, PA 19103 C/O JP MORGAN ONE LIBERTY PLACE PHILADELPHIA, PA 19103			

efile GRAPHIC print - DO NOT PROC	CESS A	As Filed Data -		DLI	N: 93491249000127
TY 2016 Taxes Schedule					
Name: THE OXFORD AREA FOUNDATION					
EIN: 20-1060782					
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES		27	27		0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491249000127						
Schedule B (Form 990, 990-EZ,	Schedule of Contribu	ıtors	OMB No 1545-0047			
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF e Treasury Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at					
Name of the organizat		Emi	ployer identification number			
		20-:	1060782			
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as	a private foundation				
	501(c)(3) taxable private foundation					
V	ration filing Form 990, 990-EZ, or 990-PF that received, during r property) from any one contributor. Complete Parts I and I	• .	• ,			
Special Rules						
under sections received from a	tion described in section 501(c)(3) filing Form 990 or 990-E2509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Fony one contributor, during the year, total contributions of the 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	orm 990 or 990-EZ), Part II,	, line 13, 16a, or 16b, and that			
during the year.	tion described in section 501(c)(7), (8), or (10) filing Form 95 total contributions of more than \$1,000 exclusively for religion the prevention of cruelty to children or animals. Complete F	ous, charitable, scientific, l				
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 95 contributions exclusively for religious, charitable, etc., purpose tecked, enter here the total contributions that were received decomplete any of the parts unless the General Rule applies able, etc., contributions totaling \$5,000 or more during the years.	oses, but no such contribut during the year for an <i>exclu</i> to this organization becau	tions totaled more than \$1,000 usively religious, charitable, etc., use it received nonexclusively			
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Specia t it must answer "No" on Part IV, line 2, of its Form 990, or of Form 990PF, Part I, line 2, to certify that it does not meet the	check the box on line H of i	its			
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions Cat No 30613X 10-PF	Schedule B ((Form 990, 990-EZ, or 990-PF) (2016)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 Name of organization Employer identification number THE OXFORD AREA FOUNDATION 20-1060782 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution JOHN H WARE III CHARITABLE LEAD ANNUITY TRUST Person **Payroll** C/O J P MORGAN ONE LIBERTY PLACE \$ 30,624 Noncash PHILADELPHIA, PA 19103 (Complete Part II for noncash contributions) (d) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 MARIAN S WARE CHARITABLE LEAD ANNUITY TRUST Person Payroll C/O J P MORGAN ONE LIBERTY PLACE \$ 28,140 Noncash PHILADELPHIA, PA 19103 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization THE OXFORD AREA FOUNDATION		Employer ident	ification number
THE OXFORD AREA FO	ONDATION	20-10	060782
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
		Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)