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2017

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

For	caler	ndar year 2017, or tax year beginning 01-01-20)17 , ar	nd en	ding 12-31-	2017		
		indation RD AREA FOUNDATION			A Employer ide	entification numbe	r	
					20-1060782			
Number and street (or P O box number if mail is not delivered to street address) Room/suite PO BOX 341					B Telephone number (see instructions)			
					(610) 932-4627			
		, state or province, country, and ZIP or foreign postal code \ 19363			C If exemption	application is pendin	g, check here	
G Ch	eck al	l that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity		D 1. Foreign org	janizations, check he	ere 🕨 🔲	
		☐ Final return ☐ Amended return				ganizations meeting chere and attach co		
		☐ Address change ☐ Name change				ndation status was t	· —	
		pe of organization	foundation e private foundation			n 507(b)(1)(A), chec		
		eet value of all assets at end J Accounting method	Cash Accru	اد	F If the founda	tion is in a 60-montl	termination	
of y	ear <i>(f.</i>	rom Part II, col (c), \$ 15,117,217 ☐ Other (specify) No. (Part I, column (d) must	Modified Cash	ui e		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	(Б)	Net investment income	(c) Adjusted net income	for charitable purposes	
	1	Contributions, gifts, grants, etc , received (attach	18,452				(cash basis only)	
	_	schedule)	10,102					
	2	Check ▶ ☐ If the foundation is not required to attach						
	3	Sch B Interest on savings and temporary cash investments	7,905	;	7,876			
	4	Dividends and interest from securities	329,658	3	329,658			
	5a	Gross rents						
	b	Net rental income or (loss)						
e l	6a	Net gain or (loss) from sale of assets not on line 10	1,425,033					
Revenue	b	Gross sales price for all assets on line 6a						
Re	7	Capital gain net income (from Part IV, line 2)			1,419,569			
	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)	100,353		99,317			
	12	Total. Add lines 1 through 11	1,881,401		1,856,420			
	13	Compensation of officers, directors, trustees, etc	2,700		2,080		2,160	
۰.	14 15	Other employee salaries and wages	41,600 9,345	-	553		39,520 8,792	
Se	16a	Legal fees (attach schedule)	6,986		5,240		1,747	
De l	ь	Accounting fees (attach schedule)	12,050		9,038		3,013	
perating and Administrative Expenses	c	Other professional fees (attach schedule)	132,483		127,761		1,914	
tıve	17	Interest	-		•			
tra	18	Taxes (attach schedule) (see instructions)	757	<u> </u>	357		0	
III s	19	Depreciation (attach schedule) and depletion	1,480		296			
Ē	20	Occupancy	12,050		3,615		8,435	
ďΡ	21	Travel, conferences, and meetings	2,163		433		1,730	
a	22	Printing and publications						
Eil	23	Other expenses (attach schedule)	8,767		1,754		7,013	
er at	24	Total operating and administrative expenses.	222.55		4E- 66-		74.35	
<u>a</u>	25	Add lines 13 through 23	230,381 8,488,981	-	151,667		74,324 488,981	
_	25 26		0,400,981				400,981	
	26	Total expenses and disbursements. Add lines 24 and 25	8,719,362	!	151,667		563,305	
	27	Subtract line 26 from line 12						
	а	Excess of revenue over expenses and disbursements	-6,837,961					
	b	Net investment income (If negative, enter -0-)			1,704,753			
	C	Adjusted net income(if negative, enter -0-)						
or	Paper	work Reduction Act Notice, see instructions.		C	at No 11289X	For	m 990-PF (2017)	

Par	t II	Ralance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	of year
		Dalance Silects	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest	-bearing	200	200	200
	2	Savings and tempo	orary cash investments	438,918	655,599	655,599
	3	Accounts receivable	e ▶			
		Less allowance for	doubtful accounts			
	4	Pledges receivable	>			
		Less allowance for	doubtful accounts			
	5	Grants receivable				
	6	Receivables due fro	om officers, directors, trustees, and other			
		disqualified persons	s (attach schedule) (see instructions)			
	7	Other notes and loa	ans receıvable (attach schedule) ▶			
		Less allowance for	r doubtful accounts ▶			
ا ب <i>ر</i> يا	8	Inventories for sale	e or use			
Assets	9	Prepaid expenses a	and deferred charges			
¥ :	10a	Investments—U S	and state government obligations (attach schedule)			
	b	Investments—corp	orate stock (attach schedule)	12,934,337	7,709,678	9,028,524
	С	Investments—corp	orate bonds (attach schedule)	4,609,225	2,689,684	2,599,049
	11	Investments—land	, buildings, and equipment basis 🕨			
		Less accumulated	depreciation (attach schedule) ▶			
	12	Investments-mort	tgage loans			
	13	Investments—othe	r (attach schedule)	2,430,000	2,495,000	2,830,262
	14	Land, buildings, an	d equipment basis ►			
		Less accumulated	depreciation (attach schedule) ► 23,809	1,469	3,583	3,583
	15	Other assets (desc	ribe >)			
	16	Total assets (to b	e completed by all filers—see the			
		instructions Also,	see page 1, item I)	20,414,149	13,553,744	15,117,217
	17	Accounts payable a	and accrued expenses			
	18	Grants payable.				
Liabilities	19	Deferred revenue				
틀	20	Loans from officers	, directors, trustees, and other disqualified persons			
<u> </u>	21	Mortgages and other	er notes payable (attach schedule)			
_					-	i

20,414,149

20,414,149

20,414,149

13,553,744

13,553,744

13,553,744

20,414,149 -6,837,961

13,586,391

13,553,744 Form **990-PF** (2017)

10,203

32,647

1

2 3

4

5

6

22

23

24

25

26

27

28

29 30

31

Part III

2

3

4

5

Net Assets or Fund Balances

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

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

Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund

Total liabilities(add lines 17 through 22)

Other liabilities (describe ▶_

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Page **3**

Capital Callie t	and losses for tax on linest				
	(a) the kınd(s) of property sold (e g , re shouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1aSee Additional Data Table	2				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain c	h) ir (loss)) minus (g)
a See Additional Data Table	9				
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69		1)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (յ), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a See Additional Data Table			3,,	,	
b					
С					
d					
e					
2 Capital gain net income	or (net capital loss)	If gain, also enter in P If (loss), enter -0- in I	'		4 440 550
		4000/E) / (c)	,	2	1,419,569
	pain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instructi)- }	3	
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
	rivate foundations subject to the sec				
(For optional use by domestic p	invate foundations subject to the sec	ction 4540(a) tax on he	et investment incom	ile <i>)</i>	
If section 4940(d)(2) applies, le	ave this part blank				
Was the foundation liable for the	e section 4942 tax on the distributal	ble amount of any year	n the base period	7 Y	es 🔽 No
	et qualify under section 4940(e) Do				
1 Enter the appropriate am	nount in each column for each year,	see instructions before	making any entrie	es	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by c	
2016	726,828		19,957,196		0 036419
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	1	0 040233
2 Total of line 1, column (c	•		2		0 216146
number of years the foun	for the 5-year base period—divide to dation has been in existence if less incharitable-use assets for 2017 from	than 5 years 🔒	, or by the		0 043229 20,186,905
5 Multiply line 4 by line 3	ncharitable-use assets for 2017 from	•	5		872,660
. , ,	ent income (1% of Part I, line 27b)		6		17,048
					889,708
	ons from Part XII, line 4 ,		8		563,305
	eater than line 7, check the box in Pa			ng a 1% tax rate Se	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			35.00p 5103.000	
2 Compensation of five highest-pai	d employees (other than tl	l hose included on line :	∟ L—see instructions). If nor	ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average	(c) Compensation	Contributions to employee benefit plans and deferred	Expense account, (e) other allowances
<u> </u>	(b) devoted to position		(d) compensation	
NONE				
Total number of other employees paid over	er \$50,000.			0
3 Five highest-paid independent co				
(a) Name and address of each persor			e of service	(c) Compensation
GLENMEDE		INVESTMENT FEES		80,391
1650 MARKET STREET SUITE 1200 PHILADELPHIA, PA 19103				
THE ABELIAN TO THE				
		1		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, conf	activities during the tax year Incli	ude relevant statistical inform	nation such as the number of	Expenses
1	erences convened, research paper	s produced, etc		<u> </u>
2				
3				
4				
Part IX-B Summary of Program	n-Related Investments	(see instructions)	<u>,</u>	
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
-				
2				
All other program-related investments	See instructions			
3				
Total. Add lines 1 through 3 .				
- I committee in the control of the				U

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

1b

2

3a 3h

4

5

563.305

563.305

Form 990-PF (2017)

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

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

b Total for prior years

b From 2013. . . . c From 2014. . d From 2015. . . .

a From 2012.

e From 2016.

563,305

38,323

373,213

Form 990-PF (2017)

(d)

2017

Page 9

F (20	017)	
i i	Undistributed Income (see instruc	tions)
		(a)

15,608

22.715

(b)

Years prior to 2016

Corpus

38.323

38,323

0

(c)

2016

- (2)	J1/)	
П	Undistributed Income (see instructi	0

1 Distributable amount for 2017 from Part XI, line 7

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017

same amount must be shown in column (a))

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018

6 Enter the net total of each column as

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 2012 not

9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

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

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, 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

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only.

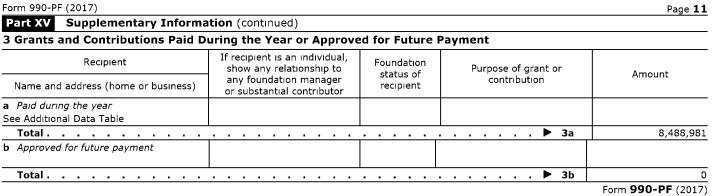
GRANT - TYPE OF GRANT AND AMOUNT REQUEST, EXPLAIN NEED FOR FUNDING, HIGHLIGHTED GOALS AND OBJECTIVES, ANTICIPATED OUTCOMES AND MEASURMENTS, (C) FINANCIAL INFORMATION - DOLLAR AMOUNT REQUESTED AND TOTAL COST OF PROJECT, CURRENT AGENCY ANNUAL OPERATING BUDGET, DESCRIPTION OF HOW FUNDS WILL BE ADMINISTERED, AND (4) SUPPORT MATERIALS OF ORGANIZATION

c Any submission deadlines

TWO GRANTS CYCLES, SUBMIT BY 3/1 FOR 5/1 GRANT PAYMENTS OR SUBMIT BY 9/1 FOR 11/1 GRANT PAYMENTS

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

ONLY ONE GRANT REQUEST PER YEAR SHOULD BE SUBMITTED FOR ANY GIVEN PROJECT. WHEN APPROPRIATE, THE FOUNDATION WILL 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



Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section	(e) Related or exempt	
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
е						
_	and contracts from government agencies					
3 Intere	rship dues and assessments st on savings and temporary cash ments	900099	29	14	7,876	
	ids and interest from securities	300033		14	329,658	
5 Net ren	ital income or (loss) from real estate					
	financed property					
	ebt-financed property					
	ental income or (loss) from personal property					
	nvestment income	 				
	ory	900099	5,467	18	1,419,566	
9 Net inc	ome or (loss) from special events		·			
	profit or (loss) from sales of inventory					
	evenue aSee Additional Data Table					
		1				
d						
d e 2 Subtota	al Add columns (b), (d), and (e).		6,532		1,856,417	0
d e 2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				1,856,417	0 1,862,949
d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e).	lations)		13		
de 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
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d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
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d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	
d e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemp	13 ot Purposes Part XVI-A contribu	Bted importantly to	

orm 99	0-PF (2	2017)									Pa	ge 13
Part	XVII	Information Re Exempt Organi		rans	fers To a	ınd Transact	ions and	l Relatio	nships With Non	charitable		
		anization directly or in ode (other than sectio								n 501	Yes	No
a Tran	sfers fi	om the reporting foun	dation to a n	oncha	ırıtable exe	empt organizatio	on of					
(1)	Cash.									. 1a(1		No
(2)	Other	assets								. 1a(2		No
b Othe	er trans	actions										
(1)	Sales	of assets to a nonchari	ıtable exemp	t orga	nızatıon.					. 1b(1)	No
(2)	Purcha	ases of assets from a n	noncharitable	exem	npt organiz	ation				. 1b(2)	No
(3)	Renta	of facilities, equipmen	nt, or other a	ssets.						. 1b(3)	No
(4)	Reımb	ursement arrangemen	ts							. 1b(4)	No
(5)	Loans	or loan guarantees.								. 1b(5)	No
(6)	Perforn	nance of services or m	embership o	r fund	raising sol	ıcıtatıons				. 1b(6)	No
	_	facılıtıes, equipment, n	-							. 1c		No
of th in ai	ne good ny trans	er to any of the above s, other assets, or ser- saction or sharing arra	vices given b ngement, sh	y the ow in	reporting f column (d	foundation If th	ne foundat he goods,	ion receive other asse	d less than fair mark its, or services receiv	et value ed		
(a) Line	No	(b) Amount involved	(c) Name of	nonch	aritable exer	mpt organization	(a) D	escription of	transfers, transactions,	and sharing arr	angemen	its
2a Ia th	o foun	dation directly or indire	activ affiliator	d wyth	or rolator	d to one or mo	ro tay oyo	mnt organ	rations			
desc	rıbed ıı	n section 501(c) of the mplete the following so (a) Name of organization	Code (other chedule		section 50	•	ection 527			. Yes	✓	No
		. ,			ì	,,,						
	of my	r penalties of perjury, v knowledge and belief n preparer has any kno	, it is true, co									
Sign Here	-	****				2018-11-13	<u> </u>	*****		May the IRS of return with the prep below		
	's	ignature of officer or ti	rustee	ı		Date		Title	Ţ , , , , , , , , , , , , , , , , , , ,	(see instr)?	✓ Yes	□ _{No}
		Print/Type preparer's	name	Prep	arer's Sıgn	ature	Date		Check if self-	TIN P0126	9555	
		DOUGLAS L BERMA	AN CPA				201	8-11-13	employed ▶ ☐	10120		

Paid **Preparer** Firm's name ▶ RKL LLP Firm's EIN ▶23-2108173 **Use Only** Firm's address ▶ 3501 CONCORD ROAD PO BOX 21439 Phone no (717) 843-3804 YORK, PA 17402

Form **990-PF** (2017)

m 990PF Part IV - Capital (Gains and Losses for Tax on	Investment I	ncome - Colum	ns a - d	
	kind(s) of property sold (e g , real & sse, or common stock, 200 shs ML	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
GLENMEDE PRIVATE INVESTM	ENT VIII (PASS-THROUGH)	Р			
GLENMEDE PRIVATE INVESTM	ENT IX, LLC(PASS-THROUGH)		Р		
GLENMEDE PRIVATE INVESTM	ENT IX, LLC(PASS-THROUGH)		Р		
GLENMEDE PRIVATE INVESTM	ENT VIII (PASS-THROUGH)		Р		
PUBLICLY TRADED SECURITIES	S				
CAPITAL GAINS DIVIDENDS			Р		
n 990PF Part IV - Capital (Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h	1
(e) Gross sales price	Depreciation allowed (f) (or allowable)		or other basis opense of sale	Gain (h) (e) plus	or (loss) (f) mınus (g)
344					344
1,618					1,618
5,705			5,705		0
					С
16,040,420			14,697,780		1,342,640
74,967					74,967
n 990PF Part IV - Capital (Gains and Losses for Tax on	Investment I	ncome - Colum	nsi-l	
Complete only for assets show	ing gain in column (h) and owned b	y the foundation	on 12/31/69		(h) gain minus
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69		ss of col(ı) ol(յ), ıf any	col (k), but not less than -0-) (I) Losses (from col (h))	
					344
					1,618
					0
					0
					1,342,640
					74,967

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 αl

PO BOX 341 OXFORD, PA 19363	34 00	, and the second	, and the second	Š
DEBRA WARE KLINE	VICE-	0	0	0
PO BOX 341	PRESIDENT/TREASURER			

PO BOX 341 OXFORD, PA 19363	VICE- PRESIDENT/TREASURER 32 00	0	0	0
KAREN WARE TILL 42017	VICE-PRESIDENT	0	0	0
PO BOX 341	32 00			

5/11 G/13/17/ 13003				
KAREN WARE TILL 42017	VICE-PRESIDENT	0	0	0
PO BOX 341 OXFORD, PA 19363	32 00			
BRIGHAM FARIA	BOARD MEMBER	1,350	0	0
PO BOX 341	1 00			

OXFORD, PA 19363				
BRIGHAM FARIA	BOARD MEMBER	1,350	0	0
PO BOX 341 OXFORD, PA 19363	1 00			
PHILIP SAPP	JUNIOR BOARD MEMBER	1,350	0	0

PO BOX 341 OXFORD, PA 19363	1 00			
PHILIP SAPP	JUNIOR BOARD MEMBER	1,350	0	0
PO BOX 341 OXFORD, PA 19363	1 00			

PO BOX 341 OXFORD, PA 19363	1 00	·		
KEARA SCALLAN TILL 42017	BOARD MEMBER	0	0	

1 00

PO BOX 341 OXFORD, PA 19363

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

35,000

1,000

10,000

a Paid during the year			
1 IN 6PO BOX 222033 SANTA CLARITA, CA 91322	PC	UNRESTRICTED	

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

AMERICAN CANCEER SOCIETY 250 WILLIAM ST 4TH FLOOR ATLANTA, GA 30303	PC	2017 RELAY FOR LIFE	
ADC OF CHECTER COUNTY	DC.	EDUCATION ADVOCACY	

ATLANTA, GA 30303			
ARC OF CHESTER COUNTY 900 LAWRENCE DRIVE	PC	EDUCATION ADVOCACY PROGRAM	

ARC OF CHESTER COUNTY	PC	EDUCATION ADVOCACY	
900 LAWRENCE DRIVE		PROGRAM	
WEST CHESTER, PA 19380			

WEST CHESTER, PA 19380			
900 LAWRENCE DRIVE		PROGRAM	
are of chester countr		LDOCATION ADVOCACT	

3a

900 LAWRENCE DRIVE WEST CHESTER, PA 19380		PROGRAM	,
Total	 		8,488,981

900 LAWRENCE DRIVE		PROGRAM	
WEST CHESTER, PA 19380			1

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOYS & GIRLS CLUBS OF DELAWARE PC TENNIS INTRODUCTION 10,731

669 S UNION STREET WILMINGTON, DE 19805		PROGRAM	
BRANDYWINE CONSERVANCY PO BOX 141 CHADDS FORD, PA 19317	PC	OXFORD REGION CONSERVANCY INITIATIVES	
CAMP DREAMCATCHER	PC	THERAPUETIC & EDUCATIONAL	

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

BRANDYWINE CONSERVANCY PO BOX 141 CHADDS FORD, PA 19317	PC	OXFORD REGION CONSERVANCY INITIATIVES	10,000
CAMP DREAMCATCHER 148 WEST STATE STREET SUITE 104	PC	THERAPUETIC & EDUCATIONAL CAMP SESSIONS AND 2017	12,500

CAMP DREAMCATCHER		PC	THERAPUETIC & EDUCATIONAL	12,5
148 WEST STATE STREET SUITE 104			CAMP SESSIONS AND 2017	
KENNETT SQUARE, PA 19348			ANNUAL FUNDRAISER	
- · · · · · · · · · · · · · · · · · · ·	i		CDONCODCUID	i

CAMP DREAMCATCHER	PC	THERAPUETIC & EDUCATIONAL	1
148 WEST STATE STREET SUITE 104		CAMP SESSIONS AND 2017	
KENNETT SQUARE, PA 19348		ANNUAL FUNDRAISER	
• '		CDONCORCUID	

	•		
, , , , , , , , , , , , , , , , , , , ,		SPONSORSHIP	
ENNETT SQUARE, PA 19348		ANNUAL FUNDRAISER	l
46 WEST STATE STREET SOTTE 104		CAMP 3E33ION3 AND 2017	i

		SPONSORSHIP	
KENNETT SQUARE, PA 19348		ANNUAL FUNDRAISER	

За

8,488,981

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 any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHESTER COUNTY FOOD BANK PC. GENERAL OPERATING EXPENSES 20,000 650 PENNSYLVANIA DRIVE EXTON, PA 19341

CHESTER COUNTY FUTURES 704 HAYWOOD DRIVE EXTON, PA 19341	PC	THREE CHESTER COUNTY PROGRAMS	25,000
CHESTER COUNTY HOSPITAL FOUNDATION 701 E MARSHALL STREET	PC	JENNERS VILLAGE MEDICAL CAMPUS	50,000

WEST CHESTER, PA 19380

8,488,981

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 DOMESTIC VIOLENCE CENTER OF PC OXFORD OFFICE 10,000 CHESTER COUNTY 731 W CYPRESS STREET KENNETT SQUARE, PA 19348

ELK RIDGE SCHOOL 200 WICKERSHAM ROAD OXFORD, PA 19363	PC	AGRICULTURE SHED	1,000
FAMILY PROMISE 1156 W BALTIMORE PIKE	PC	GENERAL OPERATING EXPENSES	26,000

KENNETT SQUARE, PA 19348

8,488,981

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 FRIENDS ASSOCIATION PC CASE MANAGMENT SERVICES 5,000 113 W CHESTNUT STREET WEST CHESTER, PA 19380 15,000 15,000

GOOD NEIGHBORS 224 E STREET ROAD 2 KENNETT SQUARE, PA 19348	PC	GENERAL OPERATING EXPENSES	
HANDI-CRAFTERS 215 BARLEY SHEEF ROAD	PC	SUPPORTED EMPLOYMENT PROGRAM	

THORNDALE, PA 19372

Total .

8,488,981 За

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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LANCASTER COUNTY YOUNG MARINES. PC 2018 OPERATION AND EVENTS 4.500 119 WEST HILLSIDE DRIVE

OXFORD, PA 19363			
LCH731 W CYPRESS STREET KENNETT SQUARE, PA 19348	PC	GENERAL OPERATING EXPENSES	7,500
LCH731 WEST CYPRESS STREET KENNETT SQUARE, PA 19348	PC	OXFORD LOCATION	10,000

Total . 3a 8,488,981

Recipient Foundation Purpose of grant or If recipient is an individual, 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 LEAFGLEN FOUNDATION PF CAPITAL ENDOWMENT 8,000,000 10848 PLEASANT HILL DRIVE

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

LIGHTHANGE VALUEL ASSUTED	20	CORPUS DANIGUET	2 500
LIGHTHOUSE YOUTH CENTER 245 COMMERCE STREET OXFORD, PA 17363	PC	OPERATING BUDGET	10,000
POTOMAC, MD 20854			

LIGHTHOUSE YOUTH CENTER 245 COMMERCE STREET OXFORD, PA 17363 PC SPRING BANQUET 2,500	245 COMMERCE STREET OXFORD, PA 17363			,
	245 COMMERCE STREET	PC	SPRING BANQUET	2,500

8,488,981

OXFORD, PA 17363			
LIGHTHOUSE YOUTH CENTER 245 COMMERCE STREET OXFORD, PA 17363	PC	SPRING BANQUET	2,50

Total .

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 any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MAKE-A-WISH PC CHESTER COUNTY WISHES 10,000 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 19422

,			
MEALS ON WHEELS 404 WILLOWBROOK LANE WEST CHESTER, PA 19382	PC	OXFORD CHAPTER	8,000
NEIGHBORHOOD SERVICES CENTER 35 NORTH THIRD STREET OXFORD, PA 19363	PC	GENERAL OPERATING EXPENSES	25,000

8,488,981

Total .

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 any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NOTTINGHAM PRESBYTERIAN CHURCH PC BUILDING FUND 5,000 497 WEST CHRISTINE ROAD NOTTINGHAM, PA 19362

OXFORD AREA CHAMBER OF COMMERCE PO BOX 40748 OXFORD, PA 19363	PC	DINNER DANCE	750
OXFORD AREA CIVIC ASSOCIATION PO BOX 34 OXFORD, PA 19363	PC	JHW,IV HUNGER HELP WALK	1,000

8,488,981

Total .

3a

Recipient Foundation Purpose of grant or If recipient is an individual, 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 AREA SENION CENTER PC BOOMER OUTREACH PROGRAM 5.000 12 EAST LOCUST STREET OXFORD, PA 19363

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

OXFORD ARTS ALLIANCE 38 S 3RD STREET	PC	SALARY INCREASES/GENERAL OPERATING	20,000
OXFORD, PA 19363			
OXFORD MAINSTREET INC 13 S 3RD STREET	PC	2017 GALA	2,500

OXFORD, PA 19363		OI ERWING	
OXFORD MAINSTREET INC 13 S 3RD STREET OXFORD, PA 19363	PC	2017 GALA	2,500
Total	 		8,488,981

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 MAINSTREET INC PC UNDERWRITING 10,000 13 S 3RD STREET OXFORD, PA 19363 40,000

PHOENIX MULTISPORT 4654 NORTH BROADWAY UNIT C BOULDER, CO 80304	PC	BOSTON BUILDING	
SAFE HARBOR	PC	GENERAL OPERATING EXPENSES	

BUULDER, CU 80304			
SAFE HARBOR 20 NORTH MATLACK STREET WEST CHESTER PA 19380	PC	GENERAL OPERATING EXPENSES	

За

10,000

Total . 8,488,981

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 SIERRA CLUB FOUNDATION l PC UNRESTRICTED 10.000

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

201 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612			,
SILOPO BOX 22 OXFORD, PA 19363	PC	SNOWBALL	6,000
CTROUDOZO CRENCER ROAD	D.C.	FUTURE OF FREGULWATER	30,000

OXFORD, PA 19363		SNOWBALL	0,000
STROUD970 SPENCER ROAD AVONDALE, PA 19311	PC	FUTURE OF FRESH WATER INITIATIVE	20,000
Total		•	8 488 981

0,400,901 За

Recipient Foundation Purpose of grant or If recipient is an individual, 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

10,000

10,000

,000

WHITE CLAY SOCCER CLUBPO BOX 324 WEST GROVE, PA 19390	PC	OXFORD PROGRAMS	:
WOMEN'S MEDICAL FUNDPO BOX 40748	PC	CHESTER COUNTY PROGRAM	;

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

WOMEN'S MEDICAL FUNDPO BOX 40748 PHILADELPHIA, PA 19107	PC	CHESTER COUNTY PROGRAM	
YOUNG MOMSPO BOX 376	PC	GENERAL OPERATING EXPENSES	

YOUNG MOMSPO BOX 376 KENNETT SQUARE, PA 19348 PC GENERAL OPERATING EXPENSES 15,				
	KENNETT SOUARE, PA 19348		GENERAL OPERATING EXPENSES	15.0

YOUNG MOMSPO BOX 376 KENNETT SQUARE, PA 19348	PC	GENERAL OPERATING EXPENSES	15,
Total			8,488,981

Enter gross amounts unless otherwise indicated Unrelated business income Excluded by section 512, 513, or 514 (e) Related or exempt (a) (b) (c) (d) function income Business Amount Exclusion code Amount (See the 11 Other revenue code instructions) 01 -12,472

Form 990PF Part XVI-A Line 11 - Other revenue:

GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)				
b MISCELLANEOUS INCOME		01	2,791	
c EXCISE TAX REFUND - OVERPAYMENT		01		
d GLENMEDE PRIVATE INVESTMENT FUND IX (PASS-		01	73,686	

c EXCISE TAX REFUND - OVERPAYMENT			01		
d GLENMEDE PRIVATE INVESTMENT FUND IX (PASS- THROUGH)			01	73,686	
e INDEPENDENCE GLOBAL FUND, LLC (PASS- THROUGH)			01	35,312	
f	900099	-2,763			

GLENMEDE PRIVATE INVESTMENT FUND IX (PASS-THROUGH)			01	73,000	
e INDEPENDENCE GLOBAL FUND, LLC (PASS- THROUGH)			01	35,312	
f GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)	900099	-2,763			
g	900099	-536			

INDEPENDENCE GLOBAL FUND, LLC (PASS-THROUGH)			01	35,512	
f GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)	900099	-2,763			
g GLENMEDE PRIVATE INVESTMENT FUND IX (PASS- THROUGH)	900099	-536			
· · · · · · · · · · · · · · · · · · ·				l	· · · · · · · · · · · · · · · · · · ·

GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)				
g GLENMEDE PRIVATE INVESTMENT FUND IX (PASS- THROUGH)	900099	-536		
h INDEPENDENCE GLOBAL FUND, LLC (PASS- THROUGH)	900099	4,335		

efile GRAPHIC print - DO NOT PRO	CESS As Filed D	ata -	D	LN: 93491319007118				
TY 2017 Accounting Fees	Schedule		_					
Name: THE OXFORD AREA FOUNDATION								
EIN: 20-1060782								
Accounting Fees Schedule	20 1000	, 02						
Category Amount Net Investment Income Income Disbursements for Charitable Purposes								
ACCOUNTING	12,050	9,038		3,013				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491319007118 TY 2017 DissolutionStmt Name: THE OXFORD AREA FOUNDATION 20 1060702

	EIN: 20-1060782		
Dissolution Name	Dissolution Address	Explanation	Dissolution Amount
LEAFGLEN FOUNDATION	10848 PLEASANT HILL DRIVE	\$8,000,000 OF CASH WAS DISTRIBUTED	8.000.000

POTOMAC, MD 20854

TO FUND CAPITAL ENDOWMENT OF THE

PRIVATE FOUNDATION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319007118
TY 2017 Investments Corporat	e Bonds Sche	edule
Name:	ΓHE OXFORD ARE	EA FOUNDATION

2,599,049

2,689,684

EIN: 20-1060782 **Investments Corporate Bonds Schedule** Name of Bond **End of Year Book** End of Year Fair Value Market Value

MUTUAL FUNDS - FIXED INCOME

ΓΥ	2017	Investments	Corporate	Stock S	Schedule	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

MUTUAL FUNDS - INTERNATIONAL EQUITY

INVESTMENTS - STOCKS

DLN: 93491319007118

2,669,869

2,609,398

2,170,413

2,258,295

Name: THE OXFORD AREA FOUNDATION EIN: 20-1060782

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MUTUAL FUNDS - DOMESTIC EQUITY	3,280,970	3,749,257

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319007118					
TY 2017 Investments - Other	Schedule						
11 2017 Threstments - Other Schedule							
Name:	THE OXFORD ARE	A FOUNDATION					
EIN:	20-1060782						
nunctments Other Schodule 2							

Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
INVESTMENTS - ALTERNATIVE	AT COST	2,495,000	2,830,262			

Schedule

Name: THE OXFORD AREA FOUNDATION

7,746

FIN: 20-1060782

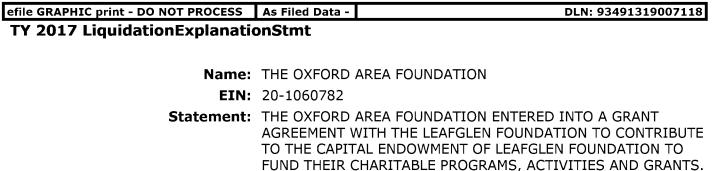
FURNITURE

20 1000,02						
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value		
EOUIPMENT	19.646	16.063	3.583	3.583		

7,746

DLN: 93491319007118

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DL	N: 93491319007118				
TY 2017 Legal Fees Schedule								
Name: THE OXFORD AREA FOUNDATION								
EIN: 20-1060782								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
LEGAL FEES	6,986	5,240		1,747				



efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319007118			
TY 2017 Other Decreases Schedule					
Name:	THE OXFORD AREA FOUNDATION				
EIN:	20-1060782				
De	escription	Amount			
INDEPENDENCE GLOBAL FUND, LLC		32,647			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491319007118		
TY 2017 Other Expenses Schedule						
Name:	THE OXFORD A	REA FOUNDATION	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	6,094	1,219		4,875		
DUES AND SUBSCRIPTIONS	750	150		600		

1,923

385

1,538

Description	Revenue and Expenses per	Net Investme
		1 =3.000

WEBSITE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319007118

TY 2017 Other Income Schedule

Name: THE OXFORD AREA FOUNDATION

EIN: 20-1060782

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)	-12,472	-12,472	-12,472
MISCELLANEOUS INCOME	2,791	2,791	2,791
GLENMEDE PRIVATE INVESTMENT FUND IX (PASS-THROUGH)	73,686	73,686	73,686
INDEPENDENCE GLOBAL FUND, LLC (PASS-THROUGH)	35,312	35,312	35,312
GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)	-2,763		-2,763
GLENMEDE PRIVATE INVESTMENT FUND IX (PASS- THROUGH)	-536		-536
INDEPENDENCE GLOBAL FUND, LLC (PASS-THROUGH)	4,335		4,335

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319007118
TY 2017 Other Increases Sche	edule		<u> </u>
Name:	THE OXFORD /	AREA FOUNDATION	
EIN:	20-1060782		
D	escription		Amount
GLENMEDE PRIVATE INVESTMENT FUND VIII, LLC		8,144	
GLENMEDE PRIVATE INVESTMENT FUND	IX, LLC		2,059

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		
Name: THE OXFORD AREA FOUNDATION EIN: 20-1060782						
TY 2017 Other Professional Fees Schedule						
efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491319007118		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISOR FEES	130,449	127,641		0

120

1,914

2,034

OTHER

efile GRAPHIC print - DO NOT PROCESS	DLN: 93491319007118	
TY 2017 Substantial Contribut Schedule	tors	
	THE OXFORD AREA F	OUNDATION
EIN:	20-1060782	
Name		Address
Name JOHN H WARE III CLAT		Address C/O JP MORGAN ONE LIBERTY PLACE PHILADELPHIA, PA 19103
		C/O JP MORGAN ONE LIBERTY PLACE

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DL	N: 93491319007118		
TY 2017 Taxes Schedule						
		D AREA FOUNDAT	ON			
EI	I N: 20-1060782			,		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXCISE TAXES	400	0		0		

FOREIGN TAXES

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491319007118
Schedule B		Schedu	ule of Contributo	ors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	ibout Schedule B (F	Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-P <u>ww <i>Irs gov/form</i>990</u>		ons is at	2017
Name of the organizati THE OXFORD AREA FOUN					Employer id	dentification number
Organization type (che	ck one)				20-1060782	
Organization type (one	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	organization			
	☐ 4947(a)(1) nonexempt char	ritable trust not treated a	s a private founda	tion	
	☐ 527 politi	cal organization				
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation			
	☐ 4947(a)(1	1) nonexempt char	ritable trust treated as a p	orivate foundation		
	☐ 501(c)(3)	taxable private fo	undation			
			PF that received, during to omplete Parts I and II S			
Special Rules						
under sections 5 received from ar	09(a)(1) and 170(b)	(1)(A)(vi), that che uring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	, 16a, or 16b, and that
during the year,	total contributions o	f more than \$1,000	or (10) filing Form 990 of the control of the contr	, charitable, scien		
during the year, If this box is che purpose Don't c	contributions <i>exclus</i> cked, enter here the omplete any of the p	eively for religious, total contributions parts unless the G o	or (10) filing Form 990 of charitable, etc., purposes that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an us organization be	itributions tota exclusively re cause it rece	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
990-EZ, or 990-PF), but	ıt must answer "No	on Part IV, line 2	lle and/or the Special Ru , of its Form 990, or chec it it doesn't meet the filing	ck the box on line	H of its	
For Paperwork Reduction A for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	ıle B (Form 990	0, 990-EZ, or 990-PF) (2017)

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) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 JOHN H WARE III CHARITABLE LEAD ANNUITY TRUST Person **Payroll** C/O J P MORGAN ONE LIBERTY PLACE \$ 15,312 Noncash PHILADELPHIA, PA 19103 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (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 990, 990-EZ, or 990-PF) (2017)