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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 ca	lendar yea	r, or tax year beginning 01-01-2	2009 and ending 12-31-2009	9		
B Ch	eck ıf a	pplicable	Please	C Name of organization RICHLAND COUNTY FOUNDATION			D Employer ider	ntification number
┌ Add	dress ch	nange	use IRS				34-0872883	
┌ _{Na}	me cha	nge	label or print or	Doing Business As			E Telephone nui	mber
┌ Init	tıal retu	rn	type. See Specific	Number and street /or D.O. hov if	mail is not delivered to street addre	ss\ Doom/suito	(419) 525-3	020
_	mınate		Instruc- tions.	24 WEST THIRD STREET	mail is not delivered to street addre	ss) Room/suite	G Gross receipts \$	17,156,375
_	ended		tions.	City or town, state or country, and	710 + 4			
_				MANSFIELD, OH 44902	ZIP + 4			
J Api	plication	n pending						
				ne and address of principal offic LAS C FREER	cer		ıs a group return	
				ST THIRD STREET		affilia	ites /	ΓYes Γ Nο
			MANSF	FIELD,OH 44902		H(b) Are a	II affiliates include	ed?
						If"N	o," attach a lıst	(see instructions)
I Ta	x-exem	ipt status	✓ 501(c)) (3) ◀ (Insert no)) or 527	H(c) Grou	ıp exemption nur	nber 🟲
J W	ebsite	e:⊨ ww	W RCFOUI	NDATION ORG				
K For	m of or	ganızatıon	✓ Corporat	tion Trust Association Other	>	L Year of fo	rmation 1945 M	State of legal domicile OH
_	rt I	Sumi						-
Governance	1	THE MI THROU PURPO	SSION OF GH STRAT SES IN TH	e organization's mission or mos THE RICHLAND COUNTY FO EGIC PHILANTHROPY AND G E AREAS OF HEALTH, ECONG /IRONMENT, AND COMMUNI	UNDATION IS TO IMPROV COMMUNITY LEADERSHIP OMIC DEVELOPMENT, BASI	GRANTS ARE	DISTRIBUTED	FOR CHARITABLE
¥0,								
	2		'	if the organization discontinu				
8	3	Number	of voting r	nembers of the governing body	(Part VI, line 1a)		3	19
乬	4	Number	ofindepen	ident voting members of the go	verning body (Part VI, line 1b)	. 4	19
Activities &	5			nployees (Part V , line 2a) .			_	6
•	6			olunteers (estimate if necessary	•		6	60
	1	-		ted business revenue from Part		•		0
	Ь	Net unr	elated busi	ness taxable income from Form		7ь		
		C t !	L	d (D		Prio	or Year	Current Year
ā	8			d grants (Part VIII, line 1h)			2,526,144	4,201,077
Ravenue	9 10			revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines			1,634,742	648,261
Æ	11			art VIII, column (A), lines 5, 6			1,034,742	048,201
	12		•	dd lines 8 through 11 (must eq				
							4,160,886	4,849,338
	13	Grants	and simila	ar amounts paid (Part IX, colum	nn (A), lines 1-3)		3,002,092	2,664,744
	14	Benefit	ts paid to c	or for members (Part IX, column	n (A), line 4)			0
g)	15		es, other co	ompensation, employee benefits	s (Part IX, column (A), lines 5	5-	387,887	377,785
Expenses	16a	10) Profes	sional fund	raising fees (Part IX, column (A	Δ) line 11e)		301,001	0
Φ ⊕								
Ä	17			enses (Part IX, column (D), line 25) ▶ (Part IX, column (A), lines 11a-			362,171	281,888
	18			Add lines 13-17 (must equal P			3,752,150	3,324,417
	19			penses Subtract line 18 from li			408,736	1,524,921
- or 3r A	1	1,04611	ext			Beainnin	g of Current	
Net Assets or Fund Balances						_	ear	End of Year
988 888	20	Total a	assets (Par	rt X, line 16)			63,331,262	74,294,997
2 P	21	Total I	ıabılıtıes (F	Part X, line 26)			97,594	92,490
	22			d balances Subtract line 21 fro	om line 20		63,233,668	74,202,507
Pai	rt II	Sign	ature Blo	ock				
				erjury, I declare that I have examined correct, and complete Declaration of				
Sigr Her		'	ature of office			2010- Date	-07-26	
			GLAS C FREE or print nam	R INTERIM PRESIDENT le and title				
		Dropara	'c h		Date	Check If	Preparer's identify	ving number
Paid		Preparer' signature		BROWN	2010-08-10	self-	(see instructions)	g namber
	arer's	empoly						
Use		if self-employed),						
- J	J.113	address,	and ZIP + 4	1600 LEXINGTON AVE			Dhens us h / / /	0) 756 2400
				MANSFIELD, OH 449072907			Phone no 🕨 (41	<i>,</i>
May	the IR	S discus	s this retu	rn with the preparer shown abov	ve? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE MISSION OF THE RICHLAND COUNTY FOUNDATION IS TO IMPROVE THE QUALITY OF LIFE IN RICHLAND COUNTY THROUGH STRATEGIC PHILANTHROPY AND COMMUNITY LEADERSHIP GRANTS ARE DISTRIBUTED FOR CHARITABLE PURPOSES IN THE AREAS OF HEALTH, ECONOMIC DEVELOPMENT, BASIC HUMAN NEEDS, EDUCATION, CULTURAL ACTIVITIES, ENVIRONMENT, AND COMMUNITY SERVICES

2	Did the organization under the prior Form 990 or 990			year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these ne	ew services on Schedule	e O		
3	Did the organization cease services?	= -		t conducts, any program	┌ Yes ┌ No
	If "Yes," describe these ch	nanges on Schedule O			
4		1(c)(4) organizations a	nd section 4947(a)(1) trus	rree largest program services b its are required to report the ar am service reported	
4a	(Code) (Expenses \$ 2,	.828,722 including grants of \$	2,664,744) (Revenue \$	4,849,338)
	SUPPORT THE PROGRAMS AND DURING 2009, THREE HUNDRI	O OPERATIONS OF MANY CHA ED SIXTY-TWO GRANTS, TOT	RITABLE ORGANIZATIONS IN TH ALING 2,323,993, WERE AWARD	ILY FROM THE EARNINGS OF ITS COM E LOCAL COMMUNITY AS WELL AS STU ED TO 138 CHARITABLE ORGANIZATION ING A POST SECONDARY EDUCATION	JDENTS ATTENDING COLLEGE
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services	•	•		
	(Expenses \$		grants of \$) (Revenue \$)
4e	Total program service ex	penses►\$ 2	,828,722		

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T 1 A	CHECKII	SL UI KE	:uuii eu	ociieuuie:

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Comp	liance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νο
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		Νο
•	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
LO	Section 501(c)(7) organizations. Enter			.,,
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

DOUGLAS C FREER 24 WEST THIRD STREET MANSFIELD, OH 44902

(419) 525-3020

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 19	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
4.0			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶ OH			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ıe orga	nızatıor	n 🕨

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- ◆ List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no	•	te any	curre	nt o	forr	ner of	ffice	r, dırector, trustee d	or key employee		
(A) Name and Title	(B) (C) A verage Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
SAM VANCURA TRUSTEE	1 00	Х						0	0	0	
RICHARD M WALTERS TRUSTEE	1 00	X						0	0	0	
MICHAEL BENNETT TRUSTEE	1 00	X						0	0	0	
LINDA H SMITH TRUSTEE	1 00	Х						0	0	0	
JOHN KASTELIC TRUSTEE	1 00	Х						0	0	0	
GAYLE GORMAN FREEMAN TRUSTEE	1 00	х						0	0	0	
CYNTHIA B O'NEIL TRUSTEE	1 00	Х						0	0	0	
CHRISS E HARRIS TRUSTEE	1 00	X						0	0	0	
CATHY STIMPERT TRUSTEE	1 00	Х						0	0	0	
BETTY E WELLS TRUSTEE	1 00	×						0	0	0	
JUSTIN MAROTTA TRUSTEE	1 00	X						0	0	0	
CHARLENE NEUMAN TRUSTEE	1 00	X						0	0	0	
JOHN C ROBY TRUSTEE	1 00	х						0	0	0	
W CHANDLER STEVENS TRUSTEE	1 00	х						0	0	0	
PAMELA SIEGENTHALER PRESIDENT	38 00			х				89,250	0	15,029	
DOUGLAS C FREER VP FINANCE	38 00			х				71,970	0	14,819	
THOMAS A DEPLER CHAIR	2 00			Х				0	0	0	

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

	(A) Name and Title	(B) A verage hours		(C) (D) (E) Position (check all Reportable compensation compensate from the from relate							Estir amount	F) nated of other
		per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	fron organiza rela	nsation i the ation and ated zations
	EY A FOLTZ III R ELECT	1 00			х				0	0		0
	MITCHELL RETARY	1 00			х				0	0		0
	RMA BEHNKE SURER	1 00			х				0	0		0
_												
								<u> </u> ▶	161,220			29,848
2	Total number of individuals (includ \$100,000 in reportable compensation)	ıng but not lı	mited to		se lis					ın	Yes	
3	Did the organization list any forme on line 1a? <i>If</i> "Yes," complete Sched					ey e	employ	/ee, •	or highest compens		3	No
4	For any individual listed on line 1a, organization and related organization individual									ch	4	No
5	Did any person listed on line 1a recreased to the organization? If "Ye								elated organization f		5	N o
S	ection B. Independent Contra	actors										
1	Complete this table for your five his \$100,000 of compensation from the			ınde	pend	ent	contra	ctor	s that received more	e than	· · · ·	
		(A) and business ac							Descr	(B) ription of services		(C) ensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization 🕨

Form 9	•	,						Page 9
Part \	/	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
e in in	ь	Membership du	es					
S, Ç	c	Fundraising eve	ents 1c					
<u>≅,</u>	d	Related organiz	zations 1d					
E. S.	e	Government grant	s (contributions) 1e					
afio er ≗	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	4,201,077				
ē€	g	E	butions included in					
Contributions, gifts, grants and other similar amounts	h		2,586 s 1a-1f	🕨	4,201,077			
				Business Code				
JL Je	2a							
æ	b							
ASe	c							
Program Serwce Revenue	d							
	e							
200	f	All other progra	am service revenue					
屳	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen	· · · · · · · · · · · · · · · · · · ·				
			aramounts)		1,891,863			1,891,863
	4		stment of tax-exempt bond	proceeds P				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(I) Keal	(II) F elsolial				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	11,063,435					
	b	Less cost or other basis and sales expenses	12,307,037					
	c	Gain or (loss)	-1,243,602					
	d		s)	►	-1,243,602			-1,243,602
a	8a	events (not ınc	rom fundraising luding					
Other Revenue			reported on line 1c)					
Ē	Ь	Less directex	penses b					
ᅙ	c		(loss) from fundraising	events 📂				
	9a		rom gaming activities ne 19					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	owances .					
	Ь	Less cost of a	a oods sold b					
	c	=	(loss) from sales of inve	entory 🕨				
		Miscellaneous		Business Code				
	11a							<u> </u>
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	. ▶				
	J				4,849,338			648,261

Part IX Statement of Functional Expenses

	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
			(B)	(D).	(D)						
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and organizations										
	in the U.S. See Part IV, line 21	2,323,825	2,323,825								
2	Grants and other assistance to individuals in the										
	U S See Part IV, line 22	340,919	340,919								
3	Grants and other assistance to governments,										
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	161,220	36,917	87,386	36,917						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	138,303	69,025	41,657	27,621						
8	Pension plan contributions (include section 401(k) and section		,-20	,							
-	403(b) employer contributions)	15,223	5,273	6,703	3,247						
9	Other employee benefits	38,277	9,491	19,788	8,998						
10	Payroll taxes	24,762	8,758	10,668	5,336						
11	Fees for services (non-employees)										
а	Management										
ь	Legal										
с	Accounting	11,100		11,100							
d	Lobbying	,		,							
e	Professional fundraising See Part IV, line 17										
f	Investment management fees	128,448		128,448							
g	Other										
12	Advertising and promotion										
13	Office expenses	18,661	6,601	8,040	4,020						
14	Information technology	17,611	6,229	7,587	3,795						
15	Royalties	17,011	3,223	,,,,,,	3,733						
16	Occupancy	22,412	7,927	9,656	4,829						
17	Travel	1,362	482	587	293						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,302	402	307							
19	Conferences, conventions, and meetings	3,731	1,320	1,607	804						
20	Interest	3,731	1,320	1,007							
21	Payments to affiliates			+							
22	Depreciation, depletion, and amortization	4,986	1,764	2,148	1,074						
23	Insurance	5,004	1,764	2,148	1,074						
	Other expenses Itemize expenses not covered above (Expenses	5,004	1,770	2,130	1,076						
24	grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	COMMUNITY RELATIONS	15,267	419	173	14,675						
b	DUES & MEMBERSHIPS	15,138	5,355	6,522	3,261						
c	ANNUAL REPORT	11,273		11,273							
d	RETIREMENT COMPENSATION	7,656		7,656							
e	MISCELLANEOUS	5,450	2,647	2,803							
f	All other expenses	13,789		4,662	9,127						
25	Total functional expenses. Add lines 1 through 24f	3,324,417	2,828,722	370,620	125,075						
26	Joint costs. Check here ► ☐ If following SOP 98-2		. ,	, 1	· · ·						
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Pa	rt X	Balance Sheet			
			(A)		(B)
	Ι.		Beginning of year		End of year
	1	Cash—non-interest-bearing	210,203		143,548
	2	Savings and temporary cash investments	1,964,155		4,385,235
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
ssets	7	Notes and loans receivable, net		7	
8	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 154,055			
	ь	Less accumulated depreciation 10b 139,997	17,923	10c	14,058
	11	Investments—publicly traded securities	57,433,479	11	66,032,841
	12	Investments—other securities See Part IV, line 11	3,705,502	12	3,719,315
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	63,331,262	16	74,294,997
	17	Accounts payable and accrued expenses .	1,714	17	1,615
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
68	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	95,880	25	90,875
	26	Total liabilities. Add lines 17 through 25	97,594	26	92,490
5		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			
Ф		through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	33,524,743	27	36,719,184
8	28	Temporarily restricted net assets	11,677,153	28	18,863,084
Fund Balance	29	Permanently restricted net assets	18,031,772	29	18,620,239
Fu		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
JO.		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	63,233,668	33	74,202,507
<u> </u>	34	Total liabilities and net assets/fund balances	63,331,262	34	74,294,997

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization RICHLAND COUNTY FOUNDATION

Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Inspection

Employer identification number

		34-0872883
Par	tΙ	Reason for Public Charity Status (All organizations must complete this part.) See instructions
he o	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	굣	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	Γ	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Is the organization organization of (i) list your government.	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

11g(i)

11g(ii)

11g(iii)

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5,	/, or 8 of Part I	.)			
	ection A. Public Support	1		 	Г			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	209	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	3,281,43	2,070,021	6,361,865	2,526,144	4	,201,077	18,440,537
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	3,281,43	2,070,021	6,361,865	2,526,144	4	,201,077	18,440,537
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the							6,604,800
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							11,835,737
5	ection B. Total Support				L			-
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	109	(f) Total
	beginning in)							
7	A mounts from line 4	3,281,430	2,286,894	6,361,865	2,526,144	4	,201,077	18,440,537
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,931,029	2,286,894	2,236,993	2,158,147	1	,891,863	10,504,926
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							28,945,463
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12		
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or f	ifth tax year as a	501(c)(3	;) organız	ation, ▶
<u> </u>	ection C. Computation of Pul Public Support Percentage for 200°			11 column (f))		14		40.800.84
15	Public Support Percentage for 2008	•		11 COIGIIII (1))				40 890 %
	33 1/3% support test—2009. If the	•	•	v on line 12 and l	ino 14 io 22 1/20/	15	- choolet	41 090 %
	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization	alıfıes as a public organization dic	cly supported orga I not check the bo	nization x on line 13 or 16			•	▶ ✓
17a	10%-facts-and-circumstances test is 10% or more, and if the organiza in Part IV how the organization mee	— 2009. If the org tion meets the "	ganization did not o facts and circums	check a box on lin tances" test, che	ck this box and st	op here.	Explain	·
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organ	-						FI
18	Explain in Part IV how the organiza supported organization Private Foundation If the organizat	tion meets the "	facts and circums	tances" test The	organization qual	ıfıes as a	a publicly	▶ ┌
	instructions			, -, - : 2 0	,			▶ ┌

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chack - h	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 34-0872883

Name: RICHLAND COUNTY FOUNDATION

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
COMMUNITY RELATIONS	15,267	419	173	14,675
DUES & MEMBERSHIPS	15,138	5,355	6,522	3,261
ANNUAL REPORT	11,273		11,273	
RETIREMENT COMPENSATION	7,656		7,656	
MISCELLANEOUS	5,450	2,647	2,803	

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DLN: 93493222003160

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization

Employer identification number

RIC	HLAND COUNTY FOUNDATION			•		
		Additional Production of the Company		0872883	.	- 6.1
Рā	organizations Maintaining Donor A organization answered "Yes" to Form 9		ınds	or Accounts.	omplet	e if the
	organization answered res to rorm's	(a) Donor advised funds		(b) Funds and oth	eraccou	nts
1	Total number at end of year	45				17
2	Aggregate contributions to (during year)	352,230				56,143
3	Aggregate grants from (during year)				46,241	
4	Aggregate value at end of year	Aggregate value at end of year 16,628,387				
5	Did the organization inform all donors and donor adfunds are the organization's property, subject to the	-	or adv	sed	√ Yes	┌ No
6 Pa	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit rt II Conservation Easements. Complete	enefit of the donor or donor advisor, or for ar	y othe	r purpose	✓ Yes	┌ No
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	tion or pleasure) Preservation of an Preservation of a c	ertifie	d historic structur		a
	,,,,,,	[Held at the En	d of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	ts	2b			
c						
d						
3	Number of conservation easements modified, trans	ء ferred, released, extinguished, or terminate	d by th	ne organization du	rıng	
	the taxable year 🛌					
4	Number of states where property subject to conser	vation assement is located				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, hand			┌ Yes	✓ No
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easem	ents d	uring the year ► _		
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements	durın	g the year ► \$		
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion		☐ Yes	√ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financial ements	stater	ments that describ	es	
Par	Complete if the organization answered		or Ot	her Similar As	sets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or researc	h ın fu			<u>}</u> ,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these item	r public exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line	1		► \$		
	(ii) Assets included in Form 990, Part X			► \$		
,	If the organization received or held works of art, historical treasures, or other similar assets for financial gain in					

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

ar	Till Organizations Maintaining Co	llections of Art	, His	toric	<u>cal Tre</u>	asur	es, or (<u> </u>	<u>r Similar</u>	Asse	ts (cc	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	owing th	at are	a sıgnıfıc	ant u	se of its co	llection	1	
а	Public exhibition		d	Γ	Loan or	exch	ange prog	rams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
1	Provide a description of the organization's co	ollections and expla	ın how	they	further	the or	ganızatıo	n's ex	empt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Γ,	Yes	√ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	,	
	Part IV, line 9, or reported an ar		•									
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for co	ontributio	ons oi	other as:	setsı	not	Γ,	Yes	▽ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	followi	ıng ta	ble		r					
							-			A mou	nt	
C	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?							Γ,	Yes	✓ No
ь	If "Yes," explain the arrangement in Part XI\	1										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)Prior		(c) Tw	o Years Ba	:k (d)Three Years	Back (e	Four Y	ears Back
a	Beginning of year balance	63,233,668			,367,537			+				
b	Contributions	4,201,077			,526,144			_				
C	Investment earnings or losses	9,973,759			,074,026			_				
d	Grants or scholarships	2,664,744			,002,092			_				
e	Other expenditures for facilities and programs	10,165			7,507							
f	Administrative expenses	531,088			576,388							
g	End of year balance	74,202,507		63	,233,668							
	Provide the estimated percentage of the yea	r end balance held a	as							- I		
а	Board designated or quasi-endowment	49 490 % %										
ь	Permanent endowment > 25 090 % %											
	70											
c a	Term endowment ► 25 420 % % Are there endowment funds not in the posse	ssion of the organize	ation t	hat a	re held s	and ad	lministara	d for	the			
_	organization by	oston of the organiza	4110111	ac a	ic neid c	a a a		u 101			Yes	No
	(i) unrelated organizations									3a(i)		No
	(ii) related organizations							-		3a(ii)		Νo
b	If "Yes" to 3a(II), are the related organization							•		3b		No
	Describe in Part XIV the intended uses of th											
'aī	t VI Investments—Land, Building	s, and Equipme	nt. Se						1		Ι	
	Description of investment) Cost or o		(b)Cost or basis (ot		(c) Accum deprecia		(d) Bo	ook value
.a	Land		•									
b	Buildings											
c	Leasehold improvements						:	25,513	:	25,170		343
d	Equipment		•				12	28,542	!	114,827		13,715
e	Other											

14,058

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 12 (b)Book value	(c) Metho	d of valuation
(including name of security) Financial derivatives	(2)20011 1414	Cost or end-of	-year market value
Closely-held equity interests			
Other WEATHERLOW OFFSHORE FUND LTD 2000 SH	1,873,469		F
ALTERNATIVE INVEST INST LTD 1000 SH	924,300		<u>F</u> _
LYSTER WATSON CONS ALT LTD 591 SH	921,546		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	3,719,315		
Part VIII Investments—Program Related. See	· '		
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation -year market value
		Cost of end-of	- year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	00.075		
ANNUITY CONTRACTS PAYABLE	90,875		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	90,875		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,849,338
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,324,417
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,524,921
4	Net unrealized gains (losses) on investments	4	9,454,083
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-364,493
9	Total adjustments (net) Add lines 4 - 8	9	9,089,590
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,614,511
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	14,164,671
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 9,454,083		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	9,443,918
3	Subtract line 2e from line 1	3	4,720,753
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 128,585		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	128,585
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,849,338
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	<u>per</u>	3,550,160
-	statements	1	3,330,100
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	354,328
3	Subtract line 2e from line 1	3	3,195,832
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 128,585		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	128,585
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,324,417

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	INVESTMENT EARNINGS FROM THE FOUNDATIONS ENDOWED COMPONENT FUNDS ARE USED TO MAKE GRANTS TO SUPPORT CHARITABLE ORGANIZATIONS AND THEIR PROGRAMS AS WELL AS COLLEGE SCHOLARSHIPS IN ACCORDANCE WITH OUR MISSION STATEMENT
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE FOUNDATION ADOPTED FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ON JANUARY 1,2009 THE FOUNDATION'S EVALUATION ON DECEMBER 31,2009 REVEALED NO TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS THE 2006 THROUGH 2009 TAX YEARS REMAIN SUBJECT TO EXAMINATION BY THE IRS THE FOUNDATION DOES NOT BELIEVE THAT ANY REASONABLY POSSIBLE CHANGES WILL OCCUR WITHIN THE NEXT TWELVE MONTHS THAT WILL HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN GIFT ANNUITY VALUE -10,165 CHANGE IN FAS 136 AGENCY LIABILITY -354,328
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CHANGE IN GIFT ANNUITY VALUE -10,165
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	CHANGE IN FAS 136 AGENCY LIABILITY 354,328

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Schedule I

(Form 990)

Department of the Treasury

See Additional Data Table

Internal Revenue Service

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

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

OMB No 1545-0047

DLN: 93493222003160

Inspection

Name of the organization							Employer identification number		
RICE	HLAND COUNTY FOUNDATION		34-0872883						
Pa	rt I General Information	on Grants and	Assistance				•		
	Does the organization maintain re the selection criteria used to awa Describe in Part IV the organizat	ard the grants or ass	ıstance?				•	✓ Yes	
Par	rt II Grants and Other As Form 990, Part IV, line Part IV and Schedule I	21 for any recipi	ent that received m	ore than \$5,000. Ch	eck this box if no one	recipient received	l more than \$5,000.	Use	
((a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
COLLEGE SCHOLARSHIPS	378	340,751			
HOUSING SUPPORT FOR					
ELDERLY INDIGENT	1	168			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.							
Ident if ier	Return Reference	Explanation					
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	SEE SCHEDULE O FOR ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS					
<u> </u>							

Software ID:

Software Version:

EIN: 34-0872883

Name: RICHLAND COUNTY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
32 DEGREE MASONIC LEARNING CENTERS290 CRAMER CREEK COURT DUBLIN,OH 43017	04-3169620	3	24,714				GENERAL SUPPORT
AMERICAN RED CROSS39 NORTH PARK ST MANSFIELD,OH 44902	34-0733122	3	10,566				GENERAL SUPPORT
ASHLAND UNIVERSITY401 COLLEGE AVE ASHLAND,OH 44805	34-0714626	3	22,743				A SHBROOK CENTER
BOY SCOUTS HEART OF OHIO COUNCILPO BOX 368 ASHLAND,OH 44805	34-4428215	3	51,589				GENERAL SUPPORT
CATHOLIC CHARITIES35 NORTH PARK ST MANSFIELD,OH 44902	34-4428254	3	54,200				GENERAL O PERATING
CENTER FOR INDIVIDUAL AND FAMILY SE741 SCHOLL RD MANSFIELD, OH 44907	34-1190641	3	29,562				CREATIVE EXPRESSIONS
CENTRAL CITY ECONOMIC DEVELOPMENT523 PARK AVENUE EAST MANSFIELD,OH 44901	34-1524860	3	7,011				MEMORIAL EXPENSES
CITY OF MANSFIELD30 NORTH DIAMOND STREET MANSFIELD,OH 44902	34-6001795	GOV	120,667				CITY POOL PROJECT
CROSSROADS CENTER FOR CHANGE244 WEST FIFTH STREET MANSFIELD,OH 44903	34-1639586	3	5,700				SWEET DREAMS
CULLIVER READING CENTER276 HARKER STREET MANSFIELD,OH 44903	34-1829762	3	5,610				GENERAL OPERATING

Form 990,Schedule I, Part	t II, Grants an	d Other Assistance	e to Governments	and Organization	ıs in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISCOVERY SCHOOL855 MILLSBORO RD MANSFIELD,OH 44903	34-1168732	3	41,000				GENERA L O PERATIN G
FIRST CONGREGATIONAL CHURCH640 MILLSBORO RD MANSFIELD,OH 44903	34-8085891	3	11,911				GENERAL SUPPORT
FRIENDLY HOUSE ASSOCIATION 380 NORTH MULBERRY ST MANSFIELD, OH 44902	34-0714667	3	28,800				GENERAL SUPPORT
GRACE EPISCOPAL CHURCH41 BOWMAN STREET MANSFIELD,OH 44903	34-0714668	3	14,000				GENERAL SUPPORT
HARMONY HOUSE124 WEST THIRD STREET MANSFIELD,OH 44902	20-5609709	3	6,089				GENERAL OPERATIONS
KIDS' CONNECTION OF OHIO INC225 OAKWOOD DR MANSFIELD,OH 44906	34-1948903	3	34,140				EMPO WERMENT PRO GRA M
KINGWOOD CENTER900 PARK AVENUE WEST MANSFIELD,OH 44906	34-6506846	3	28,606				GENERAL SUPPORT
LUCAS LOCAL SCHOOLS84 LUCAS NORTH RD LUCAS,OH 44843	34-6001730	3	7,619				STUDY ISLAND
MADISON LOCAL SCHOOLS 1379 GRACE ST MANSFIELD,OH 44905	34-6004371	3	7,385				ATHLETICS
MANSFIELD AREA Y750 SCHOLL ROAD MANSFIELD,OH 44907	34-0714795	3	30,428				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANSFIELD ART CENTER 700 MARION AVE MANSFIELD,OH 44903	34-0827274	3	39,463				GENERAL SUPPORT
MANSFIELD CANCER FOUNDATION 335 GLESSNER AVE MANSFIELD, OH 44903	34-1225852	3	61,926				GENERAL SUPPORT
MANSFIELD CHRISTIAN SCHOOL500 LOGAN ROAD MANSFIELD,OH 44907	34-0892700	3	7,000				CAPITAL CAMPAIGN
MANSFIELD CITY SCHOOLSPO BOX 1448 MANSFIELD,OH 44901	34-6001794	3	16,577				WRITE RIGHT
MANSFIELD MEMORIAL HOMES50 BLYMYER AVE MANSFIELD,OH 44901	34-0865526	3	53,061				EMPLOYEE AWARDS
MANSFIELD ROTARY CLUB FOUNDATIONPO BOX 3918 MANSFIELD,OH 44907	26-1231998	3	5,950				MCGO WAN COUR A WARDS
MEDCENTRAL COLLEGE OF NURSING335 GLESSNER AVE MANSFIELD,OH 44903	34-1860625	3	37,000				CAPITAL CAMPAIGN
MID-OHIO EDUCATIONAL SERVICE CENTER890 WEST FOURTH ST MANSFIELD,OH 44906	34-1207061	3	61,000				SPARC
NORTH CENTRAL STATE COLLEGEPO BOX 698 MANSFIELD,OH 44901	34-1038108	3	26,126				SCHOLARSHIPS
NORTH CENTRAL STATE COLLEGE FOUNDATPO BOX 698 MANSFIELD,OH 44901	23-7450889	3	58,772				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (e) A mount of non-(a) Name and address of **(b)** EIN (d) A mount of cash (f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 3 OHIO BIRD SANCTUARY 34-1691325 LAND ACQUISITION 3774 ORWEILER RD 48,175 MANSFIELD, OH 44903 ONTARIO LOCAL SCHOOLS 34-6002708 3 GENERAL SUPPORT 457 SHELBY -ONTARION 10,592 RD MANSFIELD, OH 44906 3 PLEASANT OUTDOOR 34-1944423 LODGE EXPANSION CENTER4654 PLEASANT 25,000 HILL ROAD PERRYSVILLE, OH 44864 3 PLYMOUTH LOCAL 34-6002228 ART EQUIPMENT SCHOOLS365 SANDUSKY 14,019 STREET PLYMOUTH, OH 44865 31-0958507 3 SCHOOL OF MECH PURDUE FOUNDATION 101 N GRANT STREET ENG 25,000 WEST LAFAYETTE, IN 47906 3 RAEMELTON THERAPEUTIC 34-1780155 GENERAL **EQUESTRIAN CE569** OPERATIONS 31,519 SOUTH TRIMBLE RD MANSFIELD, OH 44906 34-0789749 3 REHABILITATION SERVICE CAPITAL CAMPAIGN OF NCO INC270 STERKLE 329,052 BOULEVARD MANSFIELD, OH 44907 3 34-1300583 GENERAL RENAISSANCE OPERATING PERFORMING ARTSPO BOX 340,887 789 MANSFIELD, OH 44901 RICHLAND ACADEMY OF 34-1681948 3 STUDENT THE ARTS INC75 N SCHOLARSHIPS 40,788 WALNUT ST MANSFIELD, OH 44901 3 RICHLAND CARROUSEL 34-1586398 GENERAL SUPPORT PARK INC15 TEMPLE 24,369 COURT MANSFIELD, OH 44902

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States **(b)** EIN (c) IRC Code section (d) A mount of cash (a) Name and address of (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıfapplıcable organization grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 23-7010383 RICHLAND COUNTY 3 GENERAL SUPPORT HISTORICAL SOCIETY 18,451 1277 DEER RUN ROAD MANSFIELD, OH 44906 34-1598719 3 GENERAL SUPPORT RICHLAND COUNTY MUSEUM51 CHURCH ST 6,204

LEXINGTON,OH 44904			0,204		
RICHLAND COUNTY SHERIFF'S OFFICE597 PARK AVENUE EAST MANSFIELD,OH 44905	34-6002296	GOV	30,304		COMMUNITY POLICING
RICHLAND ECONOMIC DEVEL CORP24 WEST THIRD STREET STE 204 MANSFIELD,OH 44902	34-1374548	3	10,000		GARDEN OF HEROES
RICHLAND NEWHOPE INDUSTRIES INC150 EAST FOURTH STREET MANSFIELD,OH 44901	34-6608979	3	17,080		INNOV IN INTEG
ST PETER'S PARISH104 WEST 1ST STREET MANSFIELD,OH 44902	34-0792942	3	20,000		ELEVATOR UPGRADE
SOLDIERS & SAILORS MEMORIAL34 PARK AVENUE WEST MANSFIELD,OH 44902	34-6001767	3	5,750		GENERAL O PERATING
THE DOMESTIC VIOLENCE SHELTER INCPO BOX 1524 MANSFIELD,OH 44901	34-1261703	3	11,068		SUMMERTIME FUN
THE NORTHEND COMM IMPROVEMENT199 NORTH MAIN STREET MANSFIELD,OH 44903	20-5806276	3	9,000		LEA DERSHIP INSTITUTE
THE OHIO STATE UNIVERSITY-MANSFIELD	31-6025986	3	102,340		SCHOLARSHIP SUPPORT

1760 UNIVERSITY DRIVE MANSFIELD, OH 44906

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY47 SOUTH MAIN ST MANSFIELD,OH 44902	13-2923701	3	31,740				GENERAL SUPPORT
THIRD STREET FAMILY HEALTH SERVICES600 WEST THIRD ST MANSFIELD,OH 44906	34-1753919	3	36,187				MOBILE DENTAL EQUIP
TRAPSHOOTING HALL OF FAME601 WEST NATIONAL ROAD VANDALIA,OH 45377	31-0843232	3	24,714				GENERAL SUPPORT
UNITED WAY OF RICHLAND COUNTY35 NORTH PARK ST MANSFIELD,OH 44902	34-0714455	3	121,614				ANNUAL CAMPAIGN
VILLAGE OF BELLVILLE142 PARK PLACE BELLVILLE,OH 44813	34-6000232	3	15,000				BANDSTAND RESTORE

2009

OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

NonCash Contributions

► Attach to Form 990.

Inspection

Employer identification number

Name of the organization RICHLAND COUNTY FOUNDATION 34-0872883 Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line revenues ıf applicable 1 g 1 Art-Works of art . . 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles Boats and planes . . . Intellectual property Securities—Publicly traded . 2 52,586 AVERAGE DAILY MARKET 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . 23 Archeological artifacts . 24 25 Other ► (___ Other ►(__ 26 27 Other ►(__ **28** Other ► (Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Νo b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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DLN: 93493222003160

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization RICHLAND COUNTY FOUNDATION

Employer identification number

		34-0872883						
ldentifier	Return Reference	Explanation						
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF THE RICHLAND COUNTY FOUNDATION IS TO IMPROVE THE QUALITY OF LIFE IN RICHLAND COUNTY THROUGH STRATEGIC PHILANTHROPY AND COMMUNITY LEADERSHIP GRANTS ARE DISTRIBUTED FOR CHARITABLE PURPOSES IN THE AREAS OF HEALTH, ECONOMIC DEVELOPMENT, BASIC HUMAN NEEDS, EDUCATION, CULTURAL ACTIVITIES, ENVIRONMENT, AND COMMUNITY SERVICES						
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	JOHN C ROBY W CHANDLER STEVENS FAMILY RELATIONSHIP						
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE MEMBERS OF THIS CORPORATION ARE THOSE PERSONS HAVING MEMBERSHIP RIGHTS IN ACCORDANCE WITH THE PROVISIONS OF THESE REGULATIONS A QUALIFICATIONS THE QUALIFICATIONS OF A MEMBER ARE (1) DEMONSTRATION OF SUPPORT FOR THE PURPOSES OF THE CORPORATION THROUGH SERVING OR HAVING SERVED ON THE BOARD OF THE PURPOSES OF COMMITTEES OF THE CORPORATION, OR OTHERWISE SUPPORTING BY VOLUNTEER SERVICE, FINANCIAL CONTRIBUTIONS, ATTENDANCE AT ANNUAL MEETINGS OF THE CORPORATION, OR OTHERWISE ADVOCATING THE GOALS AND PURPOSES OF THE CORPORATION B MEMBERSHIP ROSTER THOSE PERSONS DESIRING MEMBERSHIPS OR SELECTED FOR MEMBERSHIP BY THE BOARD OF TRUSTEES SHALL BE APPROVED BY THE BOARD OF TRUSTEES AT ANY REGULAR OR SPECIAL MEETING AND THEIR NAMES SHALL BE ADDED TO THE MEMBERSHIP ROSTER TO BE MAINTAINED BY THE CORPORATION C TERMINATION MEMBERSHIP SHALL TERMINATE BY RESIGNATION, DEATH OR FOR CAUSE INCONSISTENT WITH THE GOALS AND PURPOSES OF THE CORPORATION AS DETERMINED BY THE BOARD OF TRUSTEES ADDITION AND THER NAMES SHALL HAVE THE FOLLOWING DUTIES AND RIGHTS (1) EACH MEMBERS AT ANY ANNUAL OR SPECIAL MEETING, SHALL HAVE ONE (1) VOTE IN THE ELECTION OF THE BOARD OF TRUSTEES AND RIGHTS MEMBERS SHALL HAVE THE FOLLOWING DUTIES AND RIGHTS (1) EACH MEMBER AT ANY ANNUAL OR SPECIAL MEETING, SHALL HAVE ONE (1) VOTE IN THE ELECTION OF THE BOARD OF TRUSTEES AND ON ANY OTHER MATTER THAT MAY, FROM TIME TO TIME, FOM TIME TO TIME, ON HAMTERS AFFECTING THE CORPORATION AND BE AN ADVOCATE FOR THE CORPORATION WITHIN THE COMMUNITY BY ENCOURAGING CONTRIBUTIONS TO THE CORPORATION AND IDENTIFYING POTENTIAL GRANT BENEFICIARIES MEMBERSHIP MEETINGS MEMBERSHIP MEETINGS SHALL BE HELD AT SUCH TIME AND PLACE DETERMINED BY THE BOARD OF TRUSTEES BY SPECIAL MEETING A SPECIAL MEETING THE MEMBERS MAY BE CALLED BY THE CHAIR OR VICE CHAIR OF THE BOARD OF THE STEED SHALL BE HELD AT SUCH TIME AND PLACE DETERMINED BY THE BOARD OF TRUSTEES BY SPECIAL MEETING A SPECIAL MEETING OF MEMBERS MAY BE CALLED BY THE CHAIR OR VICE CHAIR OF THE BOARD OF TRUSTEES OR ONTICE OF MEMBERS THAN T						
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS DESCRIBED IN ITEM 6 ABOVE ARE ELIGIBLE TO VOTE FOR MEMBERS OF THE GOVERNING BODY						
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE ORGANIZATION'S FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT WITH INPUT FROM THE ORGANIZATION'S V P FOR FINANCE THE COMPLETED FORM 990 IS REVIEWED BY THE ORGANIZATION'S V P FOR FINANCE, PRESIDENT AND BOARD CHAIR THE COMPLETED FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES, PRIOR TO MAILING, FOR COMMENT AND QUESTIONS THE FORM 990 IS SIGNED BY THE ORGANIZATION'S PRESIDENT AND FILED THROUGHOUT THE YEAR EACH GOVERNING BOARD MEMBER RECEIVES COMPLETE QUARTERLY FINANCIAL STATEMENTS, A YEAR END AUDITED FINANCIAL STATEMENT AND FINANCIAL UPDATES AT EACH BOARD MEETING						
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	EACH MEMBER OF THE BOARD OF TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO SUBMIT, ON A YEARLY BASIS, A CONFLICT OF INTEREST QUESTIONNAIRE WHERE A CONFLICT OF INTEREST IS DEEMED TO BE PRESENT, THE IMPACTED PARTY IS ASKED TO LEAVE THE MEETING ROOM DURING DISCUSSION OF THE PARTICULAR ISSUE AND ABSTAIN FROM VOTING ON THAT PARTICULAR MATTER THEY MAY PRESENT INFORMATION PERTAINING TO THE ISSUE PRIOR TO DISCUSSION ALL CONFLICTS AND ABSTENTIONS ARE DOCUMENTED IN THE MINUTES OF EACH APPLICABLE BOARD OR COMMITTEE MEETING						
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE GOVERNING BODY OF THE ORGANIZATION, THROUGH ITS EXECUTIVE COMMITTEE, APPROVE THE COMPENSATION FOR ITS CEO (PRESIDENT) AFTER REVIEWING COMPARABLE SALARIES FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS THE GOVERNING BODY HAS ALSO APPROVED JOB DESCRIPTION, JOB REQUIREMENTS AND SALARY RANGES FOR THIS POSITION RICHLAND COUNTY FOUNDATION IS A MEMBER OF THE COUNCIL OF FOUNDATIONS AND USES THEIR ANNUA SALARY SURVEY AS A COMPARISON FOR OTHER COMMUNITY FOUNDATIONS OF A SIMILAR SIZI WITH ADJUSTMENTS BY GEOGRAPHIC REGION						
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SIMILAR CRITERIA, AS DESCRIBED ABOVE, WERE USED TO ESTABLISH APPROPRIATE COMPENSATION RANGES FOR ITS VICE PRESIDENT FOR FINANCE AND OPERATIONS THE SPECIFIC SALARY FOR THIS POSITION, WITHIN THE APPROVED SALARY RANGE AND AN APPROVED SALARY BUDGET FOR ALL EMPLOYEES, IS DETERMINED BY THE ORGANIZATION'S PRESIDENT						
ldentifier	Return	Explanation						

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION PREPARES AND WIDELY DISTRIBUTES AN ANNUAL REPORT THAT INCLUDES INFORMATION ON THE OPERATION OF THE ORGANIZATION THIS ANNUAL REPORT INCLUDES YEAR END FINANCIAL STATEMENTS THE ANNUAL REPORT IS MAILED TO THE COMMUNITY AT LARGE, PRESENTED AT THE ORGANIZATIONS ANNUAL MEETING OF MEMBERS AND MADE AVAILABLE ON THE ORGANIZATIONS WEBSITE ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND COMPLETE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST