

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



Form **990-PF**

Department of the Treasury Internal Revenue Service

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For	calend	ar year 2009, or tax year beginning ,	and ending								
G	check a	Il that apply Initial return Initial re	eturn of a former public of	chanty			F	ınal return			
		Amended return Add	dress change		Name	change					-
Use	the IR	Name of foundation					•	dentification numl	ber		
ı	abel.					34	<u>-16</u>	71405			
Oth	erwise	, THE RIDGECLIFF FOUNDATION	INC			B Telep	ohone r	number (see page 16	0 of the in	istructio	ons)
1	print	Number and street (or P O box number if mail is not delivered	d to street address)	Room/	suite	44	<u>0-3</u>	33-1803			
	type.	4169 STORY ROAD				C If exe	emption	application is pend	ıng, checi	k here	▶ _
	Specifi	Oity of town, state, and zir code				D 1. Fo	oreign (organizations, check	here		▶ _
	uction	TATILUTEN PARK	44126			2. Fo	oreign (organizations meetir	ng the		
<u>H</u> 0	heck ty	pe of organization. 🏿 Section 501(c)(3) exempt private	foundation			8:	5% test	, check here and att	ach comp	outation	› ▶ <u> </u>
			le private foundation					indation status was		d unde	r
		tet value of all assets at end J Accounting method	Cash X Acc	rual		section	on 507((b)(1)(A), check here	3		▶ _
		rom Part II, col. (c), Uther (specify)						ation is in a 60-mont		tion	
	e 16) ▶		be on cash basis)			unde	r sectio	on 507(b)(1)(B), ched	ck here		<u> </u>
Pa	art I	Analysis of Revenue and Expenses (The	(a) Revenue and	/h)	Notio	.cotmont	(0)	A Advisted ant		sburse	
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(5)	inco	vestment ime	, ,,,	Adjusted net income	ľ	chanta purpos	
		the amounts in column (a) (see page 11 of the instructions))	 						(cas	h basıs	only)
		Contributions, gifts, grants, etc., received (attach schedule)					ļ	<u> </u>			
		Check ► X if the foundation is not required to attach Sch B	210 100			10 100		210 100			
	[Interest on savings and temporary cash investments	312,128			12,128		312,128	-		
	4	Dividends and interest from securities							 		
		Gross rents							<u> </u>		
ne	ь 62	Net gain or (loss) from sale of assets not on line 10 STMT 1	-514,253				-	22021			
ફ્⊇	6a b	Net gain or (loss) from sale of assets not on line 10 STMT 1 Gross sales price for all assets on line 6a	-514,255				-	RECEI	/ ⊱ D-		
Revenue	7	Capital gain net income (from Part IV, line 2)				0	 			78	
⊚		Net short-term capital gain				- 0	2	MAY 170	2010	8	
F-3		Income modifications					10	2 00		18	
>	-	Gross sales less returns & allowances						00050	1 177	기 (스)	
MAY		Less Cost of goods sold						OGUEN	, U I		
		Gross profit or (loss) (attach schedule)									
圓		Other income (attach schedule)									
penses ANNED		Total. Add lines 1 through 11	-202,125		3:	12,128		312,128			
I		Compensation of officers, directors, trustees, etc	<u> </u>								
	14	Other employee salaries and wages									
°ue	15	Pension plans, employee benefits							·		
	16a	Legal fees (attach schedule)									
and Administrative Ex		Accounting fees (attach schedule) STMT 2	3,920	-				1		- :	3,920
ΝÉ		Other professional fees (attach schedule) STMT 3	23,636		- :	22,038		İ	-		1,598
rat	17	Interest									
ist	18	Taxes (attach schedule) (see page 14 of the instructions) STMT 4	3,101								
듄	19	Depreciation (attach schedule) and depletion									-
ᇦ	20	Occupancy				į					
۷ 9	21	Travel, conferences, and meetings	3,648								3,648
au	22	Printing and publications	1,812							:	1,812
ğ		Other expenses (att. sch.) STMT 5	9,616								9,616
;늝	24	Total operating and administrative expenses.									
Operating	,	Add lines 13 through 23	45,733		2	22,038				2(0,594
g		Contributions, gifts, grants paid	476,160								1,768
	26	Total expenses and disbursements. Add lines 24 and 25	521,893			22,038		0		602	2,362
		Subtract line 26 from line 12				1		į			
1		Excess of revenue over expenses and disbursements	-724,018					1			
	ь	Net investment income (if negative, enter -0-)			29	90,090					
ł	c /	Adjusted net income (if negative, enter -0-)	1			1		312.128			

Part	II Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	fyear
-T	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	14,563	9,304	9,304
2	Savings and temporary cash investments			
3	Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see page 16 of the			
	instructions)			
7	Other notes and loans receivable (att. schedule)			
	Less allowance for doubtful accounts ▶			
8	Inventones for sale or use			
Assets 9 10a	Prepaid expenses and deferred charges	1,515	1,515	1,515
∛ 10a	Investments—U S and state government obligations (attach schedule)			
b	Investments—corporate stock (attach schedule) SEE STMT 6	4,358,304	4,195,097	4,962,358
C	Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment basis			
	Less accumulated depreciation (attach sch.) ▶		<u> </u>	
12	Investments—mortgage loans			
13	Investments—other (attach schedule) SEE STATEMENT 7	4,349,811	3,695,087	3,792,710
14	Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach sch.)			
15	Other assets (describe ▶ .)			
16	Total assets (to be completed by all filers—see the			
	instructions. Also, see page 1, item I)	8,724,193	7,901,003	8,7 65,887
17	Accounts payable and accrued expenses	1,846	1,666	
ဟု ¹⁸	Grants payable	187,363	81,755	
Liabilities 51 20 21	Deferred revenue .			
20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.</u> 21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe SEE STATEMENT 8)	-6,714	-98	
23	Total liabilities (add lines 17 through 22)	182,495	83,323	
6	Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31.		Ī	
Ses		0 541 600	7 017 600	
24 8 25	Unrestricted	8,541,698	7,817,680	
e 26	Temporarily restricted			
Net Assets or Fund Balan 25 26 27 29 30 31	Permanently restricted Foundations that do not follow SFAS 117, check here ▶			
5	and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds			
တ် 28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see page 17 of the			
30	instructions)	8,541,698	7,817,680	
Ž 31	Total liabilities and net assets/fund balances (see page 17	0,341,030	7,017,000	
1 .	of the instructions)	8,724,193	7,901,003	
Part I		0,124,133	7,301,003	
	net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	aree with	T	
	of-year figure reported on prior year's return)	gree with	1	8,541,698
	amount from Part I, line 27a		2	-724,018
	rincreases not included in line 2 (itemize) ▶		3	,24,010
	ines 1, 2, and 3		4	7,817,680
	eases not included in line 2 (itemize)		5	.,027,000
	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), li	ine 30	6	7,817,680
	The second of th			

Part IV , Capital Gains a	nd Losses for Tax on Investmen	nt Income				
	nbe the kind(s) of property sold (e.g., real estate, rehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr)
1a N/A						
<u>b</u>]	
_ с						
<u>e</u>		,				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	, , , ,	or other basis ense of sale	((h) Gain (e) plus (f)	
_a						
<u>b</u>						
_с						
<u>d</u>						
_e	<u> </u>					
Complete only for assets showing	g gain in column (h) and owned by the foul	ndation on 12/31/69				(h) gain minus
(i) F M V as of 12/31/69	(J) Adjusted basis as of 12/31/69		ss of col (i) I (j), if any), but not le .osses (fro	ess than -0-) or m col (h))
_ a						
<u>b</u>						
_ C						
_d						
_e	_					
2 Capital gain net income or (net ca	If (loss), enter -0- in F			2		
	s) as defined in sections 1222(5) and (6) column (c) (see pages 13 and 17 of the in	structions)				
If (loss), enter -0- in Part I, line 8				3		
Part V Qualification Ur	nder Section 4940(e) for Reduce	d Tax on Net Ir	vestment Income	•		
(For optional use by domestic private	foundations subject to the section 4940(a)) tax on net investme	ent income)			
If section 4940(d)(2) applies, leave thi	is part blank.					
,	·		. —			
	on 4942 tax on the distributable amount of		e period? Yes	X No		
	fy under section 4940(e) Do not complete					
	each column for each year, see page 18 of	the instructions before	ore making any entries	,		
(a) Base period years	(b) Adjusted qualifying distribution	s Not value	(c)			(d) oution ratio
Calendar year (or tax year beginning	***		of nonchantable-use asse		(col (b) div	vided by col (c))
2008		,825	9,538,6			0.060577
2007		,172	10,071,6			0.040924
2006		,507	9,415,9			0.035738
2005		,499	8,852,5			0.021745
2004		,806	8,540,0	44		0.041195
2 Total of line 1, column (d)				2		0.200179
	5-year base period—divide the total on line	2 by 5, or by the				
number of years the foundation ha	as been in existence if less than 5 years			3		0.040036
4 Enter the net value of noncharitab	ole-use assets for 2009 from Part X, line 5			4		7,648,970
5 Multiply line 4 by line 3				5		306,234
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			6		2,901
7 Add lines 5 and 6				7		309,135
8 Enter qualifying distributions from	Part XII. line 4			8		602,362
If line 8 is equal to or greater than	line 7, check the box in Part VI, line 1b, ar	nd complete that par	t using a 1% tax rate S			002,302
Part VI instructions on page 18						

Forr	1990-PF (2009) THE RIDGECLIFF FOUNDATION INC 34-16/1405			F	²age ₄
_ <u>P</u> ;	art VI , Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	structions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		_2,	901
	here ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			<u> </u>
3	Add lines 1 and 2	3		_2,	901
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			С
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		_2,	901
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 3,000	ļ			
b	Exempt foreign organizations—tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868)				
ď	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7		3,	000
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			99
11_	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 99 Refunded ▶	11			
Pa	urt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?		_1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$	-			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	/-	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		 ••
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				
	By language in the governing instrument, or By chata language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		_	**	
7	conflict with the state law remain in the governing instrument?		6	X	
7 0-	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ OH				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			ĺ	
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV		9		X
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				i
	names and addresses		10		X

Form **990-PF** (2009)

orn	990-PF (2009) THE RIDGECLIFF FOUNDATION INC	34-1	671405			Page 6
Pa	art VII-B . Statements Regarding Activities for Which Form 4	720 May Be Re	quired (contin	ued)		
5a	During the year did the foundation pay or incur any amount to					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	45(e))?	□ \	res 🛚 No	.	
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,	<u> </u>		.	
	directly or indirectly, any voter registration drive?			res X No	.	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		\	res 🛛 No	.	
	(4) Provide a grant to an organization other than a chantable, etc., organization de	escribed in	_	_	.	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instruc	ctions)		res 🛛 No	.	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or e	ducational	_	_	ı l	
	purposes, or for the prevention of cruelty to children or animals?		\ \ \\	res X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under t	he exceptions desc	ribed in		. 1	
	Regulations section 53 4945 or in a current notice regarding disaster assistance (s	ee page 22 of the ir	nstructions)?	_N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check here	•		▶ ∐		
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tax				
	because it maintained expenditure responsibility for the grant?		N/A 📙	res 🗌 No	, ,	
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)					
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums				
	on a personal benefit contract?			res X No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	onal benefit contract	,7		6b	<u> </u>
	If "Yes" to 6b, file Form 8870	_		. .		
	At any time during the tax year, was the foundation a party to a prohibited tax shelt			res X No		
<u>b</u> _	If yes, did the foundation receive any proceeds or have any net income attributable			N/A	_7b	
Pē	art VIII Information About Officers, Directors, Trustees, Fou and Contractors	muation Wanag	jers, nigniy P	ald Employee	5,	
1 1	ist all officers, directors, trustees, foundation managers and their compensation	ion (see page 22 o	f the instructions			
<u>. </u>	and the officers, the stores, translated managers and their compensation			(d) Contributions to	Г	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employee benefit		ense account,
	,	devoted to position	-0-)	plans and deferred compensation	other	allowances
SE	E STATEMENT 9					
	· · · · · · · · · · · · · · · · · · ·					
					<u> </u>	
				<u> </u>	<u> </u>	
2	Compensation of five highest-paid employees (other than those included on	line 1-see page 2	23 of the instructi	ons).		
	If none, enter "NONE."	1				
	(a) Name and address of analysis and asset the 650,000	(b) Title, and average	(a) Campanation	(d) Contributions to employee benefit	(e) Exp	ense account,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other	allowances
	AVID.		<u> </u>	compensation		
NO	NE .	•				
]			<u>!</u>	
			i i			
_		 				
			-			
		1				
otal	number of other employees paid over \$50,000	·			>	
				Fo	m 990	-PF (2009)

- tare in 2	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See page 24 of the instructions	
3	
Total. Add lines 1 through 3	

Form 990-PF (2009)

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

Forn	1 990-PF (2009) THE RIDGECLIFF FOUNDATION INC 34-16/1405		Page 8
Pa	Art X .Minimum Investment Return (All domestic foundations must complete this part. Foreig	n four	ndations,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		7 757 606
а	Average monthly fair market value of securities	1a	7,757,686
b	Average of monthly cash balances .	1b	7,766
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	7,765,452
e	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	7,765,452
4	Cash deemed held for chantable activities Enter 1½ % of line 3 (for greater amount, see page 25 of	1	
	the instructions)	4	116,482
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	7,648,970
6	Minimum investment return. Enter 5% of line 5	6	382,449
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(J)(3) and (J)(5) private open	rating	
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	382,449
2a	Tax on investment income for 2009 from Part VI, line 5	1	
b	Income tax for 2009. (This does not include the tax from Part VI)	1	
С	Add lines 2a and 2b	2c	2,901
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	379,548
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	379,548
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1 .	7	379,548
D.	art XII Qualifying Distributions (see page 25 of the instructions)		
	att XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	602,362
b	Program-related investments—total from Part IX-B	1b	<u>_</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	1	
а	Suitability test (prior IRS approval required)	3a	. <u> </u>
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	602,362
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	2,901
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	599,461
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation		

Form **990-PF** (2009)

_P	art XIII . Undistributed Income (see page 26 of t	the instructions)			
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years pnor to 2008	2008	2009
	line 7 ,				<u>379,548</u>
2	Undistributed income, if any, as of the end of 2009.				
а	Enter amount for 2008 only			9,398	
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009			•	
а	From 2004				
b	From 2005		•		
С	From 2006			į	
d	From 2007				
е	From 2008				
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 602,362				
а	Applied to 2008, but not more than line 2a			9,398	
	Applied to undistributed income of prior years				
_	(Election required—see page 26 of the instructions)				
c	Treated as distributions out of corpus (Election				
Ū	required—see page 26 of the instructions)				
ď					379,548
e		213,416			0,3,010
5	Excess distributions carryover applied to 2009	213,410	•		
J	• • • • • • • • • • • • • • • • • • • •				
	(If an amount appears in column (d), the same		1		
6	amount must be shown in column (a))	į			
0	Enter the net total of each column as				
_	indicated below:	212 416			
	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	213,416			
D	Prior years' undistributed income Subtract				
	line 4b from line 2b				 -
С	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	1			
d	Subtract line 6c from line 6b Taxable			!	
	amount—see page 27 of the instructions				
е	Undistributed income for 2008. Subtract line		1		
	4a from line 2a. Taxable amount—see page		İ		
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines		į		
	4d and 5 from line 1. This amount must be		İ		
	distributed in 2010			<u> </u>	0
7	Amounts treated as distributions out of corpus			İ	
	to satisfy requirements imposed by section		į		
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		:		
	instructions)			i i	
8	Excess distributions carryover from 2004 not		;	!	
	applied on line 5 or line 7 (see page 27 of the		1	, 	
	instructions)			!	
9	Excess distributions carryover to 2010.	-	!	+	
	Subtract lines 7 and 8 from line 6a	213,416			
0	Analysis of line 9		1	į.	
а	Excess from 2005	j	1	•	
b	Excess from 2006	•	1	,	
С	Excess from 2007	1			
d	Excess from 2008	!		,	
e	Excess from 2009 213, 416		i	·	

34-1671405

THE RIDGECLIFF FOUNDATION INC

Page 10

3 Grants and Contributions Paid During the		uture Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
	any foundation manager	recipient	contribution	Amount
Recipient Name and address (home or business) a Paid during the year SEE STATEMENT 10	show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	581,768
Total b Approved for future payment SEE STATEMENT 11			▶ 3a	581,768 81,755
Total			▶ 3b	81,755

Part XVI-A	A. Analysis of Income-Producing Act	ivities				
	ounts unless otherwise indicated.		d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income (See page 28 of
1 Program se	ervice revenue.		·	code		the instructions)
		<u> </u>		<u> </u>		
c						
				-		
e			<u> </u>	 		
	nd contracts from government agencies			+		-
	p dues and assessments			 		
	savings and temporary cash investments			14	312,128	
	and interest from securities		· · · · · · · · · · · · · · · · · · ·	1	022,220	
5 Net rental in	ncome or (loss) from real estate			İ		
a Debt-fir	nanced property					
	ot-financed property					<u> </u>
	ncome or (loss) from personal property					
7 Other inves			· · · · · ·			
	s) from sales of assets other than inventory			18	-514,253	
	or (loss) from special events or (loss) from sales of inventory	<u> </u>				
	ine. a			<u> </u>		
		i	·			
						,
е						
	dd columns (b), (d), and (e)		0	<u> </u>	-202,125	
	ine 12, columns (b), (d), and (e)				13	-202,125
Part XVI-B	In line 13 instructions on page 28 to verify calculations					
Line No.	Relationship of Activities to the Ac Explain below how each activity for which income is				d	
▼	accomplishment of the foundation's exempt purpos instructions)					he
N/A						
						- · · · ·
						
	<u> </u>	·				
			- <u>-</u>			
	1			<u></u>		
						
					 	
						
		- 				

۲	ail Avi	Exempt Organ	-	ansters to and Transacti	ons and Relation	nsnips with No	ncharitable		
1	Did the			ge in any of the following with any	other organization de	ecribed		Yes	No
•				on 501(c)(3) organizations) or in s	-			1.03	
		zations?	arier triair soone	or to to to to to the second of the second o	collon 527, relating to	political			
	-		ndation to a no	encharitable exempt organization of	\f				
	(1) Ca		nostion to a no	monaritable exempt organization t	Л		12(1)		х
		her assets		•			1a(1)		X
		ransactions					1a(2)		
							41.44		v
		les of assets to a noncha		-			1b(1)	T	X
		rchases of assets from a		. •			1b(2)		X
		ntal of facilities, equipme	-	sets			1b(3)		X
		imbursement arrangeme	nts				1b(4)		X
		ans or loan guarantees					1b(5)		X
				r fundraising solicitations			1b(6)		X
	_		•	ther assets, or paid employees			1c	<u> </u>	X
•				plete the following schedule Colu					
		=	_	ven by the reporting foundation. I					
	-		1	nt, show in column (d) the value o		·			
7	(a) Line no	(b) Amount involved	d (c) Name	e of noncharitable exempt organization	(d) Descripti	on of transfers, transac	tions, and sharing arrange	ements	
<u> </u>	'A								
							 		
							<u>.</u>		
									
				<u> </u>					
2 a				with, or related to, one or more tax than section 501(c)(3)) or in section		ıs	Пү	es X	No
b		complete the following s					_		
		(a) Name of organization	_	(b) Type of organization		(c) Description o	f relationship		
	N/A								
			·				-		
	Under pe	enalties of perjury, I declare the	nat I have examir	ned this return, including accompanying	schedules and statemer	nts, and to the best of m	ny knowledge and		
	belief, it i	s trae, correct, and complete	Declaration of p	preparer (other than taxpayer or fiducial	y) is based on all informa	ation of which preparer	has any knowledge		
		Mega Mala	Man:	5/8	// 8	TREASU	RER		
ן עַ	Sign	nature of difficer or trustee	7	Date		Title			
2			2	1	Date		Preparer's identi		
11811	υ <u>-</u>	Preparer's	<i>'</i> 1	Λ . $I \sim I$] - 3	Check if	number (see Signage 30 of the in		
20	Paid Preparer's Use Only	signature /	verly	H VITA	04/23	s/10 self-employed	P00286		•
	Ра∣ Эра 8е (Firm's name (or yours if	NEECE	, MALEC, SEIRERT		INC			-
	ž š	Firm's name (or yours if self-employed), address,	` - '	HEISLEY RD STE.			EIN ▶ 34-190	993	0
		and ZIP code	MENTO				Phone no 440-35		
		'					Form 99		

•			~ ~ 1	514,253		<u> </u>	920		<u> </u>	1,598		<u>o</u> o
			1	\$\frac{1}{2} \\ \text{\$\sigma}		Charitable	\$ 3,		Charitable Purpose	\$ 1,		Charitable Purpose \$
	ဖ တ			w w	ses	Adjusted Net	0	ıl Fees	Adjusted Net	0		Adjusted Net
Ş	Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets			253 \$ 253 \$	990-PF, Part I, Line 16b - Accounting Fees	t nent		Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees	t nent	\$ 22,038 \$ 22,038 \$	ne 18 - Taxes	nent \$ \$
Federal Statements	PF, Part I, Line 6	How Received	Cost	\$ 514,2 0 \$ 514,2	; Part I, Line 16b	Net Investment	w w	art I, Line 16c - O	Net Investment	w w	Form 990-PF, Part I, Line 18 - Taxes	Investment
Federa	nt 1 - Form 990-	Rece	Sale Price PURCHASE	» «		Total		Form 990-PF, Pe	Total		Statement 4 - Form 9	Total 2,901 200 3,101
	Stateme		صا ش	US VARIOUS	Statement 2 - Form		ም የ የ የ የ የ የ የ የ የ የ የ የ የ የ የ የ የ የ የ	Statement 3 -		`	State	·
405		Description	om Id HELD IN TR	VAKIOUS TOTAL		Description	SSIONAL FEES TOTAL		Description	EVALUATION EE FEES TOTAL		Description AL EXCISE TA X FEE TOTAL
34-1671405			Who So So SECURITIES	OT			PROFESSIONAL TOTAL			GRANT EV TRUSTEE TOI		FEDERAL EOHIO FEE

	•	Charitable Purpose	\$ 2,172 7,444	\$ 9,616
	Expenses	Adjusted Net	v.	0
Federal Statements	F, Part I, Line 23 - Other	Net Investment	w.	O O O O O O O O O O
Federal	Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses	Total	\$ 2,172 7,444	\$ 9,616
34-1671405		Description	EXPENSES INSURANCE OFFICE SERVICE	TOTAL

34-1671405

Federal Statements

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description						
	_	Beginning of Year	End of Year	Basis of Valuation		Fair Market Value
CORPORATE STOCK						
	\$_	4,358,304	\$ 4,195,097	COST	\$_	4,962,358
TOTAL	\$_	4,358,304	\$ 4,195,097		\$_	4,962,358

Statement 7 - Form 990-PF, Part II, Line 13 - Other Investments

Description						
	_	Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
MONEY MARKET FUNDS MUTUAL FUNDS	\$	70,719 \$	280,664	COST	\$	280,664
110 101111 1011110		4,279,092	3,414,423	COST	_	3,512,046
TOTAL	\$_	4,349,811 \$	3,695,087		\$_	3,792,710

Statement 8 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	_ E	Beginning of Year	 End of Year
ACCRUED FEDERAL EXCISE TAX	\$	-6,714	\$ -98
TOTAL	\$	-6,714	\$ -98

34-1671405	Federal Statements	atements			
Statement 9 - Form 9	Statement 9 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	- List of Office	ers, Directors, Trust	ees, Etc.	•
Name and Address	Title	Average Hours (Compensation	Benefits	Expenses
C Y LIU 32800 LEDGEHILL DRIVE SOLON OH 44139	PRESIDENT	1.0	0	0	0
THOMAS TS KAUNG 12 PEPPER RIDGE ROAD PEPPER PIKE OH 44124	V PRESIDENT	00.00	0	0	0
BLANCHE DORTCH 1265 SHADY LAKES DRIVE KENT OH 44240	TRUSTEE	00.00	0	0	0
GREGORY MALAFARINA 32055 ARTHUR ROAD SOLON OH 44139	TREASURER	00.00	0	0	0
MICHAEL A MINELLI 4169 STORY ROAD FAIRVIEW PARK OH 44126	V PRESIDENT	00.00	0	0	0
ELENA LIDRBAUCH 1776 LESTER ROAD VALLEY CITY OH 44280	TRUSTEE	0.00	0	0	0
J DAVID INGERSOLL 526 SUPERIOR AVE. #458 CLEVELAND OH 44114	SECRETARY	0.00	0	0	0
MARY TERESE MATOUSEK 571 EAST 260 STREET EUCLID OH 44132	TRUSTEE	0.00	0	0	0
PAUL MCHUGH 2487 SAYBROOK ROAD UNIVERSITY HTS OH 44118	TRUSTEE	00.0	0	0	0

(

34-1671405	Federal Stat	ements
<u>Forr</u>	m 990-PF, Part XV, Line 1a - Managers	Who Contributed Over 2% or \$5,000
	Name of Manager	Amount
NONE		\$
TOTAL		\$0
E	orm 990-PF, Part XV, Line 1b - Manag Name of Manager	ers Who Own 10% or More Stock Amount
NONE TOTAL		\$
Fo	rm 990-PF, Part XV, Line 2b - Applicat	on Format and Required Contents
	Description	
SEE ATTACHED G	GRANT GUIDELINES	
	Form 990-PF, Part XV, Line 2c	- Submission Deadlines
	Description	

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

SEE ATTACHED GRANT GUIDELINES

SEE ATTACHED GRANT GUIDELINES

Federal Statements	
34-1671405	

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year
--

	Amount		34,100	9,350	7,500		40,000	18,656	10,000	4,130	7,500	1,750	70,000	17,318	15,000	9.200	007	001161	187,363	7,325	12,876	25,000	75,000
	Purpose		RESIDENTIAL MEN HLTH SERV FOR TEENS	4TH YR ACCENT ON YTH SOC ISSUESE SCH	Y HAVEN THERAP ARTS EDUC HOMELS MEN		INERARY FOR VICTIMS W/CHEM DEPENDEY	CONT'D MEN HLTH SERV - AT RISK TEENS	MEN HLTH PROG-WOMEN W CRIM JUST HIST	HA.LF YR SUPPORT OF SUPPORT GROUP	ACH UNDRSTND/ASSOC BTWN MEN ILL/EPIL	PRODUCTION OF PLAYS ON SOCIAL ISSUES	SUPPORT MENTAL HEALTH SERVICES	SCHOOL CRISIS PRG FOR GRIEVING CHLDR	SP 10 MBR YR LG PRG PSYCHSOC REHAB	S Y	TIV/CONSIIM SIIBD#/EDIIC FOB M	SOENT/EDOC FOR BEN	VARIOUS	FUND AFTERCARE SUPPORT POSITION	SUPPORT FOR 2 AT RISK CHILDRN 7 FAMI	PARTIAL SALARY -1 P.T. COUNSELOR -	CONT'D SUPPORT FOR MH/SA COLLABORATI
	Status	(20 TO 3	501 C 3	501 C 3	7 7 7 3	ر	501 C 3	501 C 3	501 C 3	501 C 3	501 C 3	501 C 3	501 C 3	501 C 3	501 C 3	۳ ر)	501 C 3	501 C 3	501 C 3	501 C 3	501 C 3
Address	Relationship	6753 SATE ROAD	40 RIVER STREET	6415 DETR		1370 ONTARIO ST. #420	5982 RHODES ROAD	5 1468 WEST 25TH STREET			_		EUCLID AV	300 E 185TH STREET	11101 MAGNOLIA DRIVE	1127 E MAPLE ST	1400 WEST 25TH ST 4TH	VARIOUS	25 FREEDOM ROAD	2037 WEST 32 ST	WEST OFTH STORE	TORATM AVE	DONALIN AVE
Name	Address	CATHOLIC CHARITIES		CLEVELAND PUBLIC THEATRE	CLEVELAND OH 44102	CLEVELAND RAPE CRISIS CTR	COLEMAN PROFESSIONAL SERV	KENT OH 44240 COMMUNICTY RE-ENTRY	CLEVELAND OH 44113	INDEPENDENCE OH 44131	CLEVELAND OH 44115	WILLOUGHBY OH 4	CLEVELAND OH 44106	HOSPICE OF THE WESTERN CLEVELAND OH 44119		N CANTON PLAYHOUSE/ AKRON OH 44720	NAMI CLEVELAND OH 44113	ANTS	VARIOUS OH 44126 PROJECT HOPE FOR	PAINESVILLE OH 44077	CLEVELAND OH 44113	CLEVELAND OH 44113 WEST SIDE CATHOLIC CENTER	\circ

e	1000			
e Address	1990-FF, Fall AV,	Line 3a - Gran ear (continued)	Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	
Address	Address			
YMCA OF WARREN 375 NORTH I WARREN OH 44482 TOTAL	375 NORTH PARK AVE 501	Status C 3	TEAM MENTRS 8-12 GRD DANGR DRUG/ALCH	Amount 10,000 581.768
Statement 11 - Form 990-PF, Pa	m 990-PF, Part XV,		Line 3b - Grants and Contributions Approved for Future Pmt	-
Name	Address			
Address	Relationship	 Status	Purpose	Amount
CHAGRIN VALLEY LITTLE 40 RIVER ST CHAGRIN FALLS OH 44022 CLEVELAND PUBLIC THEATRE 6415 DETRO	VER STREET 501	C 3	4TH YR ACCENT ON YTH SOC ISSUESE SCH	9,350
1468	25TH STREET	က ပ	Y HAVEN THERAP ARTS EDUC HOMELS MEN	7,500
113 5905	TILAS	е С	MEN HLTH PROG-WOMEN W CRIM JUST HIST	10,000
2223 [44131 N 2831	DROSPECT AVENUE	е С	HA.LF YR SUPPORT OF SUPPORT GROUP	4,130
15 2021 15 38660	CECT AVENUE 501	ო ე	ACH UNDRSTND/ASSOC BTWN MEN ILL/EPIL	7,500
WILLOUGHBY OH 44094	SO1	ო ს	PRODUCTION OF PLAYS ON SOCIAL ISSUES	1,750
4106	501 501	ო U	SP 10 MBR YR LG PRG PSYCHSOC REHAB	15,000
AKRON OH 44720 OJECT HOPE FOR	ב ב	ო ე	23 SOC ISSUE PLAYS FOR SCHOOL STUDEN	9,200
CLE OH 44077	PARK AVE	ო ს	FUND AFTERCARE SUPPORT POSITION	7,325
VARREN OH 44482 TOTAL	501	ო ∪	TEAM MENTRS 8-12 GRD DANGR DRUG/ALCH	10,000

;



History

Application Process

Grant Guidelines

Officers & Trustees

Grant Distribution

Ridgecliff Foundation Mission Statement

Ridgecliff Foundation provides grants to mental health agencies, chemical dependency agencies and organizations that have a mental health or chemical dependency component in order to fund programs which promote research, education, and patient care in the field of mental health and chemical dependency in Northeast Ohio.

Emphasis is placed on programs affecting children and families, early diagnosis, prevention, dual diagnosis (co-morbidity) and minority populations.

Ridgecliff

Mission

History

Application Process

Grant Guidelines

Officers & Trustees

Grant Distribution

History

Ridgecliff Foundation was established in January, 1991 with the funds received from the sale of Ridgecliff Hospital, located in Lake County, Ohio. This hospital had provided psychiatric and chemical dependency services primarily to residents of Northeast Ohio. The Foundation has continued that tradition through its grant-making by supporting programs in the mental health and chemical dependency areas, particularly for new and innovative projects.

Ridgecliff Foundation is an Ohio nonprofit corporation, classified currently as a private foundation and is exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code.

Since its inception, grants totaling over \$5 million have been made to nonprofit organizations providing mental health and chemical dependency services.

Copyright (C)2009 Ridgecliff Foundation 18416 visitors have been recorded.



History

Application Process

Grant Guidelines Officers & Trustees

Grant Distribution

Application Process

Application deadlines: March 31 and September 30. Grant Notification dates: August 31 and February 28.

There is no special application or proposal form. Applicants should submit SEVEN copies of the following:

- A cover letter, summarizing the grant request which is signed by the organization's executive director and board president.
- A brief history of the organization including its founding, mission, major programs, population served and staff (limit to 3 pages).
- A detailed description of the request, including a statement of the need, population to be served, the purpose of the grant, and the timeline for the project, including implementation and completion dates.
- A project budget including the amount requested from the Ridgecliff Foundation and from other sources, the status of those other requests, and the level of in-kind support.
- A detailed description of the specific methods that will be used to evaluate the effectiveness of the project.
- The most recent Annual Report (including financial statements).
- The organization's current budget including all sources of funding. For funding from foundations, corporations and government agencies, please indicate whether funding is pending or has been secured.
- A list of the current members of the Board of Trustees and Officers.
- A copy of the applicant's letter from the Internal Revenue Service verifying tax-exempt, 501(c)(3) status.

The foundation reserves the right to contact other grantmakers and/or

professionals in the field regarding any grant request. An on-site visit may be required prior to further consideration.

Please contact the Foundation office at (440) 333-1803 if you need further assistance.

Completed applications should be sent to:
Ridgecliff Foundation, Grant Review Committee
c/o Michael A. Minelli, Chair
4169 Story Road
Fairview Park, OH 44126

Copyright (C)2009 Ridgecliff Foundation. 18415 visitors have been recorded.



History

Application Process

Grant Guidelines Officers & Trustees

Grant Distribution

Grant Guidelines

General Requirements

o Grant requests must be in the fields of mental health or chemical dependency, focused on one or more of the following:

Patient Care

Education

Research

- o The Foundation will consider only requests for specific projects rather than for general operating support.
- o The Foundation will <u>not</u> fund construction projects, purchase of capital equipment, or feasibility studies.
- o Only one grant will be provided to an organization in a 12 month period.
- Applicants seeking funding for multi-year project must re-apply each year.

Geographic

The Foundation's grant-making will be limited to the following Northeast Ohio counties: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Summit and Trumbull.

Eligibility

Grants are awarded only to tax-exempt, nonprofit organizations. No grants are awarded directly to individuals.



History

Application Process

Grant Guidelines Officers & Trustees

Grant Distribution

Officers & Trustees

C. Y. Liu, President

Thomas TS Kaung, 1st Vice President
Michael A. Minelli, 2nd Vice President, Grant Review Committee Chair
Gregory J. Malafarina, Treasurer, Investment Committee Chair
Donna M. Bonvissuto, Program Evaluator
J. David Ingersoll, Secretary
Mary Terese Matousek
Elena Lidrbauch
Manny Schor
Paul McHugh
Blanche Dortch

Copyright (C)2009 Ridgecliff Foundation. 18416 visitors have been recorded.