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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
RICHLAND COUNTY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
24 WEST THIRD STREET

City or town, state or country, and ZIP + 4
MANSFIELD, OH 44902

D Employer identification number
34-0872883

E Telephone number
(419) 525-3020

G Gross receipts $ 22,253,811

F Name and address of principal officer
BRADFORD S GROVES
24 WEST THIRD STREET
MANSFIELD, OH 44902

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW RCFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1945 | **M** State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	5
6	Total number of volunteers (estimate if necessary)	**6**	60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,398,580	1,559,174
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,542,349	2,018,029
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,940,929	3,577,203
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,994,752	2,550,573
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	350,503	371,996
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 115,680		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	302,562	308,653
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,647,817	3,231,222
19	Revenue less expenses Subtract line 18 from line 12	293,112	345,981

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	82,722,040	80,838,421
21	Total liabilities (Part X, line 26)	87,567	74,738
22	Net assets or fund balances Subtract line 21 from line 20	82,634,473	80,763,683

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-07-23
Signature of officer | Date

BRADFORD S GROVES PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: HELEN K BROWN	Date 2012-08-14	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: RIESTER LUMP & BURTON CPA'S INC, 1600 LEXINGTON AVE, MANSFIELD, OH 449072907			EIN ▶
			Phone no ▶ (419) 756-3400

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 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 undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,712,174 including grants of $ 2,550,573) (Revenue $ 3,577,202)

THE RICHLAND COUNTY FOUNDATION IS AN ORGANIZATION THAT MAKES GRANTS PRIMARILY FROM THE INVESTMENT EARNINGS OF ITS COMPONENT FUNDS THESE GRANTS SUPPORT THE PROGRAMS AND OPERATIONS OF MANY CHARITABLE ORGANIZATIONS IN THE LOCAL COMMUNITY AS WELL AS STUDENTS ATTENDING COLLEGE DURING 2011, 309 GRANTS, TOTALING 2,155,890, WERE AWARDED TO 128 CHARITABLE ORGANIZATIONS IN ADDITION, 442 SCHOLARSHIP GRANTS, TOTALING 394,515, WERE AWARDED TO LOCAL STUDENTS PURSUING A POST SECONDARY EDUCATION

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 2,712,174

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
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 (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
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**		No
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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**		No
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 Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	13		
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?			**1c**	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	**2a**	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	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**		No
b	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).**					
a	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**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**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**		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		No
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
a	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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section 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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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 the organization ▶

DOUGLAS C FREER
24 WEST THIRD STREET
MANSFIELD, OH 44902
(419) 525-3020

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS A DEPLER TRUSTEE	1 00	X						0	0	0
(2) SAM VANCURA TRUSTEE	1 00	X						0	0	0
(3) PATRICIA ADDEO TRUSTEE	1 00	X						0	0	0
(4) JASON MURRAY TRUSTEE	1 00	X						0	0	0
(5) JOHN KASTELIC TRUSTEE	1 00	X						0	0	0
(6) MARK MASTERS TRUSTEE	1 00	X						0	0	0
(7) DON MITCHELL TRUSTEE	1 00	X						0	0	0
(8) CHRISS E HARRIS TRUSTEE	1 00	X						0	0	0
(9) CHARMA BEHNKE TRUSTEE	1 00	X						0	0	0
(10) CATHY STIMPERT TRUSTEE	1 00	X						0	0	0
(11) BETTY E WELLS TRUSTEE	1 00	X						0	0	0
(12) JUSTIN MAROTTA TRUSTEE	1 00	X						0	0	0
(13) SHARLENE NEUMANN TRUSTEE	1 00	X						0	0	0
(14) JOHN C ROBY TRUSTEE	1 00	X						0	0	0
(15) W CHANDLER STEVENS TRUSTEE	1 00	X						0	0	0
(16) GLENNA CANNON TRUSTEE	1 00	X						0	0	0
(17) BRUCE CUMMINS TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR BRUCE JACKSON TRUSTEE	1 00	X						0	0	0
(19) DOUGLAS C FREER V P FINANCE	38 00			X				81,750	0	24,083
(20) BRADFORD GROVES PRESIDENT	38 00			X				73,077	0	0
(21) SIDNEY A FOLTZ III CHAIR	2 00			X				0	0	0
(22) RICHARD M WALTERS TREASURER	1 00			X				0	0	0
(23) MICHAEL BENNETT CHAIR ELECT	1 00			X				0	0	0
(24) CYNTHIA B O'NEIL SECRETARY	1 00			X				0	0	0

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	154,827		24,083

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement 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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,559,174				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,559,174			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	1,958,096			1,958,096
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 18,489,302 / 247,239				
	b	Less cost or other basis and sales expenses: 18,676,608				
	c	Gain or (loss): -187,306 / 247,239				
	d	Net gain or (loss) . . . . . ▶	59,933			59,933
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	3,577,203			2,018,029

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,155,890	2,155,890		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	394,683	394,683		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	178,910	36,581	105,748	36,581
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	140,165	72,973	38,759	28,433
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,079	3,686	1,958	1,435
9	Other employee benefits	22,164	6,325	9,818	6,021
10	Payroll taxes	23,678	8,595	10,063	5,020
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	11,950		11,950	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	155,799		155,799	
g	Other				
12	Advertising and promotion				
13	Office expenses	20,075	7,287	8,532	4,256
14	Information technology	18,608	6,755	7,908	3,945
15	Royalties . .				
16	Occupancy	21,696	7,876	9,220	4,600
17	Travel	1,162	422	494	246
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,036	1,465	1,715	856
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,302	1,199	1,403	700
23	Insurance	5,471	1,986	2,325	1,160
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	COMMUNITY RELATIONS	16,082	64	482	15,536
b	DUES & MEMBERSHIPS	14,887	5,404	6,327	3,156
c	ANNUAL REPORT	12,029		12,029	
d	RETIREMENT COMPENSATION	7,656		7,656	
e					
f	All other expenses	15,900	983	11,182	3,735
25	**Total functional expenses.** Add lines 1 through 24f	3,231,222	2,712,174	403,368	115,680
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,275	1	152,120
	2	Savings and temporary cash investments		2,642,445	2	1,949,958
	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 160,857			
	b	Less accumulated depreciation	10b 147,397	12,424	10c	13,460
	11	Investments—publicly traded securities		76,064,521	11	74,848,914
	12	Investments—other securities See Part IV, line 11		3,998,375	12	3,873,969
	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)		82,722,040	16	80,838,421
Liabilities	17	Accounts payable and accrued expenses		1,044	17	1,252
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		86,523	25	73,486
	26	**Total liabilities.** Add lines 17 through 25		87,567	26	74,738
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		40,819,823	27	39,701,492
	28	Temporarily restricted net assets		22,902,939	28	21,654,592
	29	Permanently restricted net assets		18,911,711	29	19,407,599
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		82,634,473	33	80,763,683
	34	Total liabilities and net assets/fund balances		82,722,040	34	80,838,421

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,577,203
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,231,222
3	Revenue less expenses Subtract line 2 from line 1	3	345,981
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	82,634,473
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,216,771
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	80,763,683

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☑ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated 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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
RICHLAND COUNTY FOUNDATION

Employer identification number
34-0872883

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

7 ☑ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 ☐ 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?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,361,865	2,526,144	4,201,077	1,398,580	1,559,174	16,046,840
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6,361,865	2,526,144	4,201,077	1,398,580	1,559,174	16,046,840
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 amount shown on line 11, column (f)						5,840,282
6 **Public Support.** Subtract line 5 from line 4						10,206,558

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,361,865	2,526,144	4,201,077	1,398,580	1,559,174	16,046,840
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,236,993	2,158,147	1,891,863	1,974,377	1,958,096	10,219,476
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)						26,266,316

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	38 860 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	40 000 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
RICHLAND COUNTY FOUNDATION

Employer identification number
34-0872883

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	47	17
2	Aggregate contributions to (during year)	304,150	20,734
3	Aggregate grants from (during year)	977,898	48,500
4	Aggregate value at end of year	18,486,756	2,823,381

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	82,634,473	74,202,507	63,233,668	82,367,537	
b	Contributions	1,559,174	1,398,580	4,201,077	2,526,144	
c	Investment earnings or losses	-355,781	10,552,952	9,973,759	-18,074,026	
d	Grants or scholarships	2,550,573	2,994,752	2,664,744	3,002,092	
e	Other expenditures for facilities and programs	-1,238	10,816	10,165	7,507	
f	Administrative expenses	524,850	513,998	531,088	576,388	
g	End of year balance	80,763,681	82,634,473	74,202,507	63,233,668	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 49 160 %
- b Permanent endowment ▶ 26 810 %
- c Term endowment ▶ 24 030 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		25,513	25,513	
d Equipment		135,344	121,884	13,460
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				13,460

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or 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, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITY CONTRACTS PAYABLE	73,486
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	73,486

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,577,203
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,231,222
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	345,981
4	Net unrealized gains (losses) on investments	4	-2,218,009
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	32,501
9	Total adjustments (net) Add lines 4 - 8	9	-2,185,508
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,839,527

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,204,633
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,218,009		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,238		
e	Add lines **2a** through **2d**			2e	-2,216,771
3	Subtract line **2e** from line **1**			3	3,421,404
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	155,799		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	155,799
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,577,203

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,044,160
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	3,044,160
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	155,799		
b	Other (Describe in Part XIV)	4b	31,263		
c	Add lines **4a** and **4b**			4c	187,062
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,231,222

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

Identifier	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'S EVALUATION ON DECEMBER 31, 2011 REVEALED NO TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS THE 2008 THROUGH 2011 TAX YEARS REMAIN SUBJECT TO EXAMINATION BY THE IRS THE FOUNDATION DOES NOT BELIEVE THAT ANY REASONABLE POSSIBLE CHANGES WILL OCCUR WITHIN THE NEXT TWELVE MONTHS THAT WILL HAVE A MATERIAL IMPACT ON THE FINACIAL STATEMENTS
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN GIFT ANNUITY VALUE 1,238 CHANGE IN AGENCY LIABILITY 31,263
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CHANGE IN GIFT ANNUITY VALUE 1,238
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	CHANGE IN AGENCY LIABILITY 31,263

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Schedule I (Form 990)

Department of the Treasury
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

2011

Open to Public Inspection

Name of the organization
RICHLAND COUNTY FOUNDATION

Employer identification number
34-0872883

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 51

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) COLLEGE SCHOLARSHIPS	442	394,515			
(2) HOUSING SUPPORT FOR					
(3) 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.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	GRANT APPLICATION GUIDELINES AND PROCEDURES HISTORY & MISSION RICHLAND COUNTY FOUNDATION (RCF), A COMMUNITY FOUNDATION, WAS ESTABLISHED IN 1945 IN THE STATE OF OHIO AS A 501(C)(3) NOT-FOR-PROFIT CORPORATION TO SERVE THE ENTIRE RICHLAND COUNTY COMMUNITY THE MISSION OF THE RICHLAND COUNTY FOUNDATION IS TO IMPROVE THE QUALITY OF LIFE IN RICHLAND COUNTY THROUGH STRATEGIC PHILANTHROPY AND COMMUNITY LEADERSHIP TO FULFILL THIS MISSION, THE FOUNDATION WILL - PROVIDE LEADERSHIP AND ACT AS A CATALYST IN IDENTIFYING AND ADDRESSING EVOLVING COMMUNITY NEEDS - DISTRIBUTE GRANTS FOR CHARITABLE PURPOSES IN AREAS OF HEALTH, ECONOMIC, DEVELOPMENT, BASIC HUMAN NEEDS, EDUCATION, CULTURAL ACTIVITIES, ENVIRONMENT, AND COMMUNITY SERVICES - ASSIST DONORS IN CREATING FUNDS TO MEET EMERGING COMMUNITY NEEDS AND DISTRIBUTE PROCEEDS IN ACCORDANCE WITH THE DONOR'S INTENT - PRUDENTLY MANAGE THE FOUNDATION'S RESOURCES TO ACHIEVE THE MAXIMUM BENEFIT FOR RICHLAND COUNTY IN PERPETUITY RCF IS RESPONSIBLE FOR BOTH RESTRICTED AND UNRESTRICTED FUNDS RESTRICTED FUNDS HAVE SPECIFIC DIRECTIONS, WHICH WERE GIVEN AT THE TIME THE FUND WAS ESTABLISHED THE BOARD OF TRUSTEES USUALLY APPROVE SUCH GRANTS IN ACCORDANCE WITH THE DONORS' DIRECTIONS IN ADDITION, THERE ARE UNRESTRICTED AND FIELD OF INTEREST FUNDS, WHICH MAY BE USED TO RESPOND TO COMMUNITY GRANT APPLICATIONS GRANT APPLICATION GUIDELINES KEY ELEMENTS RCF TYPICALLY LOOKS FOR IN A GRANT APPLICATION INCLUDE - A ONE-TIME GRANT, ESPECIALLY FOR A PILOT PROJECT WHICH CAN SERVE AS A MODEL OR BE REPLICATED, - A PROJECT IN WHICH THE FOUNDATION IS A FUNDING PARTNER, RATHER THAT THE SOLE FUNDER, - A PROJECT OR PROGRAM WHICH PROMOTES VOLUNTEER INVOLVEMENT, - AN ORGANIZATION WHICH CAN DEMONSTRATE THE ABILITY TO SUSTAIN THE PROJECT IN THE FUTURE WHEN RCF GRANT DOLLARS END, - PROJECTS OR PROGRAMS WHICH ARE A COLLABORATIVE EFFORT(S) AMONG NONPROFIT ORGANIZATIONS IN THE COMMUNITY WHICH ELIMINATES DUPLICATION OF SERVICES, - A PROJECT WHICH IS LIKELY TO MAKE A CLEAR DIFFERENCE IN THE QUALITY OF LIFE OF A SUBSTANTIAL NUMBER OF PEOPLE, - AN ORGANIZATION WHICH IS PROPOSING A PRACTICAL APPROACH TO A SOLUTION OF A CURRENT COMMUNITY PROBLEM, - A PROGRAM OR PROJECT WHICH IS FOCUSING ON PREVENTION, AND - A WORTHY COMMUNITY PROJECT FOR WHICH A GRANT FROM RCF WILL MOST LIKELY LEVERAGE ADDITIONAL FINANCIAL SUPPORT RCF TYPICALLY DOES NOT PROVIDE FUNDING FROM UNRESTRICTED FUNDS FOR THE FOLLOWING - SECTARIAN ACTIVITIES OF RELIGIOUS ORGANIZATIONS, - OPERATING EXPENSES FOR ANNUAL DRIVES OR TO ELIMINATE DEBT, - MEDICAL, SCIENTIFIC, OR ACADEMIC RESEARCH, - INDIVIDUALS OTHER THAN FOR SCHOLARSHIPS, - TRAVEL TO OR IN SUPPORT OF CONFERENCES, OR TRAVEL FOR GROUPS SUCH AS BANDS, SPORTS TEAMS, AND CLASSES (UNLESS THROUGH SPECIAL GRANT PROGRAMS SUCH AS SUMMERTIME KIDS OR TEACHER ASSISTANCE PROGRAM), - CAPITAL IMPROVEMENTS TO BUILDING AND PROPERTY NOT OWNED BY THE ORGANIZATION OR COVERED BY A LONG TERM LEASE, - COMPUTER SYSTEMS, - PROJECTS THAT TAXPAYERS SUPPORT OR ARE EXPECTED TO SUPPORT, OR - POLITICAL ISSUES WHO CAN APPLY FOR A GRANT FROM RCF - RCF ENCOURAGES 501(C)(3) NONPROFIT ORGANIZATIONS IN THE RICHLAND COUNTY AREA TO PARTNER WITH RCF IN MEETING THE FOUNDATION'S MISSION - THE PARTNERING 501(C)(3) ORGANIZATION SHOULD BE LOCATED IN RICHLAND COUNTY OR BE ABLE TO DEMONSTRATE THAT A SIGNIFICANT NUMBER OF PEOPLE OR CLIENTS SERVED BY THE ORGANIZATIONS RESIDE IN RICHLAND COUNTY HOW TO APPLY FOR A GRANT AT RCF - GRANT APPLICATIONS ARE TYPICALLY REVIEWED SIX TIMES A YEAR THE BOARD OF TRUSTEES MAY MAKE GRANT AWARDS AT EACH OF THEIR REGULAR BOARD MEETINGS APPLICATION DEADLINES ARE THE FIRST FRIDAY OF JANUARY, MARCH, MAY, JULY, SEPTEMBER, AND NOVEMBER - THE APPLICATION PROCEDURE SHOULD BEGIN WITH A TELEPHONE CALL TO THE RCF PROGRAM OFFICER AT 419-525-3020 RCF PREFERS TO HAVE AN OPPORTUNITY TO MEET WITH REPRESENTATIVES OF THE APPLYING ORGANIZATION TO BE SURE THE REQUEST FALLS WITHIN RCF GUIDELINES AT THIS INITIAL MEETING, A COPY OF THE GRANT APPLICATION WILL BE PROVIDED TO THE APPLYING ORGANIZATION - A COMPLETED AND SIGNED RCF GRANT APPLICATION MUST BE PROVIDED TO RCF BY 5 00 P M ON THE DESIGNATED DEADLINE DATE (SEE ABOVE) A COMPLETE PROJECT BUDGET AND BUDGET NARRATIVE MUST BE INCLUDED WITH THE APPLICATION - ATTACHED TO THE COMPLETED AND SIGNED GRANT APPLICATION MUST BE COPIES OF THE FOLLOWING DOCUMENTS IRS TAX EXEMPT LETTER, MOST RECENT FINANCIAL AUDIT, MOST RECENT ANNUAL REPORT, CURRENT BOARD OF TRUSTEES LIST, AND A BRIEF HISTORY OF THE ORGANIZATION INCLUDING ITS MISSION AND CURRENT PROGRAM OFFERINGS - SUBMIT YOUR COMPLETED APPLICATION ON 8 X 11-INCH PAPER PRINTED ON ONE SIDE ONLY BECAUSE WE WILL NEED TO MAKE COPIES, PLEASE DO NOT USE NOTEBOOKS OR BINDERS, OR INCLUDE ANY VIDEOTAPE, TAPE RECORDINGS OR CDS AFTER A PROPOSAL IS RECEIVED -THE PROGRAM OFFICER WILL CONTACT THE "PROGRAM COORDINATOR" LISTED ON THE GRANT APPLICATION TO SCHEDULE A SITE VISIT MEMBERS OF THE GRANT REVIEW COMMITTEE MAY ATTEND SITE VISITS WITH FOUNDATION STAFF - THE ENTIRE BOARD OF TRUSTEES MAKES THE FINAL DECISIONS ON ALL GRANTS APPROXIMATELY 6-8 WEEKS AFTER THE GRANT DEADLINE WHEN A GRANT IS AWARDED - WITHIN ONE WEEK OF THE BOARD MEETING, THE GRANTEE WILL RECEIVE FORMAL NOTIFICATION OF THE BOARD'S DECISION A GRANT AGREEMENT FORM MUST BE SIGNED PRIOR TO THE RELEASE OF ANY FUNDS ANY ADDITIONAL GRANT CONDITIONS WILL BE LISTED ON THE GRANT AGREEMENT FORM - TYPICALLY, A FINAL REPORT IS DUE AT THE END OF THE GRANT PERIOD IF THE GRANT PERIOD IS MORE THAN 1 YEAR, INTERIM REPORTS MAY BE REQUESTED UNEXPENDED FUNDS FUNDS THAT ARE NOT EXPENDED OR ENCUMBERED DURING THE GRANT PERIOD SHOULD BE RETURNED TO RICHLAND COUNTY FOUNDATION UNLESS THE FOUNDATION MAKES WRITTEN AUTHORIZATION TO EXTEND THE AWARD BEYOND THE ORIGINAL END DATE OF THE GRANT PERIOD FOR ADDITIONAL INFORMATION ABOUT AVAILABLE GRANTS THROUGH RCF, CONTACT THE PROGRAM OFFICER AT 419-525-3020 OR VISIT OUR WEBSITE AT WWW RCFOUNDATION ORG

Additional Data

Return to Form

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) Amount of cash grant	(e) Amount 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 CENTERS CHILDREN INC290 CRAMER CREEK COURT DUBLIN,OH 43017	04-3169620	501	17,890				GENERAL SUPPORT
AMERICAN RED CROSS39 NORTH PARK STREET MANSFIELD,OH 44902	34-0733122	501	15,000				EMERGENCY FOOD ETC
ASHLAND UNIVERSITY401 COLLEGE AVENUE ASHLAND,OH 44805	34-0714626	501	213,834				CAPITAL CAMPAIGN
ASHLAND UNIVERSITY401 COLLEGE AVENUE ASHLAND,OH 44805	34-0714626	501	11,500				ASHBROOK CENTER LECT
BOY SCOUTS HEART OF OHIO COUNCIL POST OFFICE BOX 368 ASHLAND,OH 448050368	34-4428215	501	40,000				ANNUAL CAMPAIGN
CATHOLIC CHARITIES2 SMITH AVENUE MANSFIELD,OH 44905	34-4428254	501	15,000				ADULT ADVOCACY
CATHOLIC CHARITIES2 SMITH AVENUE MANSFIELD,OH 44905	34-4428254	501	45,000				COMMUNITY EMERGENCY
CENTER FOR INDIVIDUAL AND FAMILY SE741 SCHOLL ROAD MANSFIELD,OH 44907	34-1190641	501	44,000				CAPITAL CAMPAIGN
CENTER FOR INDIVIDUAL AND FAMILY SE741 SCHOLL ROAD MANSFIELD,OH 44907	34-1190641	501	50,825				FAMILY PRACTICE
CHILDRENS CUPBOARD70 HEDGES STREET MANSFIELD,OH 44902	75-3234898	501	7,127				COMMUNITY OUTREACH
CITY OF MANSFIELD 30 NORTH DIAMOND STREET MANSFIELD,OH 44902	34-6001795	GOV	61,000				SUMMER SWIMMING POOL
DAYSPRING3220 OLIVESBURG ROAD MANSFIELD,OH 44905	34-6002296	GOV	13,200				RESTROOM RENOVATION
DISCOVERY SCHOOL 855 MILLSBORO ROAD MANSFIELD,OH 44903	34-1168732	501	15,550				GENERAL OPERATING
FIRST CONGREGATIONAL CHURCH640 MILLSBORO ROAD MANSFIELD,OH 44903	34-8085891	501	19,508				GENERAL SUPPORT
FRIENDLY HOUSE ASSOCIATION380 NORTH MULBERRY STREET MANSFIELD,OH 44902	34-0714667	501	15,000				PROPERTY IMPROVEMENT
GALION CITY SCHOOLS470 PORTLAND WAY NORTH GALION,OH 44833	34-6400544	GOV	8,982				CHALLENGE DAY
GRACE EPISCOPAL CHURCH41 BOWMAN STREET MANSFIELD,OH 44903	34-0714668	501	12,000				GENERAL OPERATING
KINGWOOD CENTER 900 PARK AVENUE WEST MANSFIELD,OH 44906	34-6506846	501	12,000				PROPERTY IMPROVEMENT
KINGWOOD CENTER 900 PARK AVENUE WEST MANSFIELD,OH 44906	34-6506846	501	10,747				GENERAL SUPPORT
LIONS DISTRICT 13-B PHILANTHROPIC2148 BOWEN RD MANSFIELD,OH 44903	31-1540642	501	10,000				PROJECT LIFESAVER

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUCAS LOCAL SCHOOLS84 LUCAS NORTH RD LUCAS,OH 44843	34-6001730	GOV	10,747				EDUCATIONAL PROJECT
MANSFIELD AREA Y 750 SCHOLL ROAD MANSFIELD,OH 44907	34-0714795	501	26,000				SENIOR CITIZEN PROG
MANSFIELD AREA Y 750 SCHOLL ROAD MANSFIELD,OH 44907	34-0714795	501	16,032				SUPPORT FOR WOMEN AN
MANSFIELD ART CENTER700 MARION AVENUE MANSFIELD,OH 44903	34-0827274	501	127,012				GENERAL SUPPORT
MANSFIELD ART CENTER700 MARION AVENUE MANSFIELD,OH 44903	34-0827274	501	25,000				PARKING LOT EXPANSIO
MANSFIELD CANCER FOUNDATION335 GLESSNER AVENUE MANSFIELD,OH 44903	34-1225852	501	21,985				GENERAL SUPPORT
MANSFIELD CHRISTIAN SCHOOL500 LOGAN ROAD MANSFIELD,OH 44907	34-0892700	501	6,000				CAPITAL CAMPAIGN
MANSFIELD MEMORIAL HOMES POST OFFICE BOX 966 MANSFIELD,OH 44901	34-0865526	501	20,000				HOMEMAKER - HOME HEA
MANSFIELD MEMORIAL HOMES POST OFFICE BOX 966 MANSFIELD,OH 44901	34-0865526	501	15,000				ROTARY ADULT DAYCARE
MANSFIELD RICHLAND COUNTY PUBLIC LI43 WEST THIRD STREET MANSFIELD,OH 44902	34-6001803	GOV	11,000				2-1-1 EXPANSION PROJ
SPARC P16 EDUCATIONAL COUNCIL890 WEST FOURTH STREET MANSFIELD,OH 44906	34-1207061	501	35,000				GENERAL SUPPORT
NORTH CENTRAL STATE COLLEGE POST OFFICE BOX 698 MANSFIELD,OH 44901	34-1038108	501	20,000				SCHOLARSHIPS
NORTH CENTRAL STATE COLLEGE FOUNDATPOST OFFICE BOX 698 MANSFIELD,OH 44906	23-7450889	501	109,315				GENERAL SUPPORT
NORTH CENTRAL STATE COLLEGE FOUNDATPOST OFFICE BOX 698 MANSFIELD,OH 44906	23-7450889	501	30,000				ENDOWMENT SUPPORT
NORTH CENTRAL STATE COLLEGE FOUNDATPOST OFFICE BOX 698 MANSFIELD,OH 44906	23-7450889	501	100,000				OPENING DOORS CAPITA
NORTH CENTRAL STATE COLLEGE FOUNDATPOST OFFICE BOX 698 MANSFIELD,OH 44906	23-7450889	501	40,000				ENDOWED SCHOLARSHIPS
OHIO BIRD SANCTUARY3774 ORWEILER ROAD MANSFIELD,OH 44903	34-1691325	501	8,647				GENERAL SUPPORT
OHIO BIRD SANCTUARY3774 ORWEILER ROAD MANSFIELD,OH 44903	34-1691325	501	10,000				ROOF AND WINDOW REPL
OHIO SPECIAL RESPONSE TEAM INC1220 SHEIRER ROAD MANSFIELD,OH 44903	74-3106323	501	12,500				EQUIPMENT
PLYMOUTH AREA HISTORICAL SOCIETY9 EAST MAIN STREET PLYMOUTH,OH 44865	34-1444644	501	9,500				GENERAL OPERATING

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONTARIO LOCAL SCHOOLS457 SHELBY-ONTARIO ROAD MANSFIELD,OH 44906	34-6002708	GOV	6,274				GENERAL SUPPORT
PLEASANT HILL OUTDOOR CENTER 4654 PLEASANT HILL RD PERRYSVILLE,OH 44864	34-1944423	501	10,000				KITCHEN RENOVATION
PLYMOUTH LOCAL SCHOOLS365 SANDUSKY STREET PLYMOUTH,OH 44865	34-6002228	GOV	26,913				ART & MUSIC DEPT
RAEMELTON THERAPEUTIC EQUESTRIAN CE 569 SOUTH TRIMBLE ROAD MANSFIELD,OH 44906	34-1780155	501	12,217				RIDER SCHOLARSHIP PR
RAEMELTON THERAPEUTIC EQUESTRIAN CE 569 SOUTH TRIMBLE ROAD MANSFIELD,OH 44906	34-1780155	501	6,000				GENERAL SUPPORT
RENAISSANCE PERFORMING ARTS POST OFFICE BOX 789 MANSFIELD,OH 449010789	34-1300583	501	6,498				GENERAL SUPPORT
RENAISSANCE PERFORMING ARTS POST OFFICE BOX 789 MANSFIELD,OH 449010789	34-1300583	501	46,012				SYMPHONY SUPPORT
RENAISSANCE PERFORMING ARTS POST OFFICE BOX 789 MANSFIELD,OH 449010789	34-1300583	501	20,000				SYMPHONY EDUCATION
RICHLAND CARROUSEL PARK INC RCHLND CARROUSEL PARK LICENSE15 TEMPLE COURT MANSFIELD,OH 44902	34-1586398	501	26,895				GENERAL SUPPORT
RICHLAND COUNTY HISTORICAL SOCIETY OAK HILL COTTAGE 310 SPRINGMILL STREET MANSFIELD,OH 44906	23-7010383	501	12,314				GENERAL SUPPORT
RICHLAND NEWHOPE INDUSTRIES INCPO BOX 916 MANSFIELD,OH 449010916	34-6608979	501	20,000				INNOVATIONS IN INTEG
SHELBY CHURCH OF THE NAZARENE 169 S MANSFIELD AVE SHELBY,OH 44875	23-7314575	501	6,042				COMMUNITY CHILDCARE
SHELBY CITY SCHOOLS25 HIGH SCHOOL AVENUE SHELBY,OH 44875	34-6002632	GOV	25,000				VO AG FACILITY
SHELBY Y COMMUNITY CENTERPOST OFFICE BOX 45 SHELBY,OH 44875	34-0792928	501	10,000				ROOF RESTORATION
SOLDIERS & SAILORS MEMORIAL MUSEUM34 PARK AVENUE WEST MANSFIELD,OH 44902	34-1598719	501	10,000				GENERAL OPERATING
THE DOMESTIC VIOLENCE SHELTER INCPOST OFFICE BOX 1524 MANSFIELD,OH 44901	34-1261703	501	38,500				HVAC REPLACEMENT
THE OHIO STATE UNIVERSITY-MANSFIELD1760 UNIVERSITY DRIVE MANSFIELD,OH 44906	31-6025986	501	31,177				SCHOLARSHIPS
THE OHIO STATE UNIVERSITY-MANSFIELD1760 UNIVERSITY DRIVE MANSFIELD,OH 44906	31-6025986	501	21,991				BUSINESS DEVELOPMENT
THE OHIO STATE UNIVERSITY-MANSFIELD1760 UNIVERSITY DRIVE MANSFIELD,OH 44906	31-6025986	501	5,602				FACULTY DEVELOPMENT
THE SALVATION ARMY47 SOUTH MAIN STREET MANSFIELD,OH 44902	13-2923701	501	5,190				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)** Amount of cash grant	**(e)** Amount 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 STREET MANSFIELD,OH 44902	13-2923701	501	8,285				YOUTH PROGRAMS
THE SALVATION ARMY47 SOUTH MAIN STREET MANSFIELD,OH 44902	13-2923701	501	25,000				EMERGENCY RENT ASSIS
TRAPSHOOTING HALL OF FAME601 WEST NATIONAL ROAD VANDALIA,OH 45377	31-0843232	501	17,890				GENERAL SUPPORT
UNITED WAY OF RICHLAND COUNTY 35 NORTH PARK STREET MANSFIELD,OH 44902	34-0714455	501	102,052				GENERAL OPERATING
RICHLAND COMMUNITY DEVELOPMENT GROU55 NORTH MULBERRY STREET MANSFIELD,OH 44902	34-1374548	501	50,000				PILOT PROJECT
RICHLAND COUNTY CHILDRENS AUXILLARY890 W FOURTH ST MANSFIELD,OH 44902	34-1875985	501	5,155				THE STORE SUPPORT
THE LITTLE BUCKEYE CHILDRENS MUSEUM44 WEST FOURTH ST MANSFIELD,OH 44902	27-3014824	501	22,000				GENERAL SUPPORT
THREE CROSSES UMC12 CLEVELAND STREET BUTLER,OH 44822	20-8928331	501	15,000				PRESCHOOL PLAYGROUND
BOY SCOUTS HEART OF OHIO COUNCIL PO BOX 368 ASHLAND,OH 44805	34-4428215	501	30,249				PROGRAM SUPPORT
RICHLAND ACADEMY OF THE ARTS INC75 N WALNUT ST MANSFIELD,OH 44902	34-1681948	501	5,302				GENERAL SUPPORT

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
RICHLAND COUNTY FOUNDATION

Employer identification number
34-0872883

Identifier	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

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	JOHN C ROBY W CHANDLER STEVENS FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
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 TRUSTEES OR 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 D DUTIES 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, BE SUBMITTED TO THE MEMBERSHIP FOR VOTE (2)CONSULT AND ADVISE THE CORPORATION, FROM TIME TO TIME, ON MATTERS 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 LOCATION IN RICHLAND COUNTY, OHIO AS DETERMINED BY THE CORPORATION A ANNUAL MEETING THE ANNUAL MEETING OF THE MEMBERS WILL BE HELD IN MAY OF EACH YEAR AT SUCH TIME AND PLACE DETERMINED BY THE BOARD OF TRUSTEES B SPECIAL MEETING A SPECIAL MEETING OF THE MEMBERS MAY BE CALLED BY THE CHAIR OR VICE CHAIR OF THE BOARD OF TRUSTEES, OR BY THE BOARD OF TRUSTEES BY ACTION DULY TAKEN FOR THAT PURPOSE C NOTICE OF MEETING WRITTEN NOTICE, STATING THE DATE, TIME AND PLACE OF ANY MEETING OF MEMBERS AS WELL AS THE PURPOSE THEREOF SHALL BE GIVEN NOT LESS THAN TEN (10) NOR MORE THAN THIRTY (30) DAYS PRIOR TO THE MEETING SUCH NOTICE MAY BE GIVEN BY MAIL OR BY PUBLICATION IN A NEWSPAPER OF GENERAL CIRCULATION IN MANSFIELD, OHIO AT LEAST ONE (1) TIME DURING THIS PERIOD OF TIME D QUORUM THE VOTING MEMBERS PRESENT AT ANY MEETING OF MEMBERS SHALL CONSTITUTE A QUORUM THE VOTE OF A MAJORITY OF THOSE PRESENT IS NECESSARY FOR THE ADOPTION OF ANY MATTER VOTED ON BY THE MEMBERS

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE GOVERNING BODY OF THE ORGANIZATION, THROUGH ITS EXECUTIVE COMMITTEE, APPROVES THE COMPENSATION FOR ITS CEO (PRESIDENT) AFTER REVIEWING COMPARABLE SALARIES FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS THE GOVERNING BODY HAS ALSO APPROVED A JOB DESCRIPTION, JOB REQUIREMENTS AND SALARY RANGES FOR THIS POSITION RICHLAND COUNTY FOUNDATION IS A MEMBER OF THE COUNCIL OF FOUNDATIONS AND USES THEIR ANNUAL SALARY SURVEY AS A COMPARISON FOR OTHER COMMUNITY FOUNDATIONS OF A SIMILAR SIZE WITH ADJUSTMENTS BY GEOGRAPHIC REGION COMPENSATION OF OTHER LOCAL NON-PROFIT CEO'S IS ALSO CONSIDERED

Identifier	Return Reference	Explanation
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

Identifier	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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	OTHER CHANGES INCLUDE UNREALIZED LOSS ON INVESTMENTS OF (2,218,009) AND CHANGE IN GIFT ANNUITY VALUE OF 1,238

Additional Data

Software ID:
Software Version:
EIN: 34-0872883
Name: RICHLAND COUNTY FOUNDATION

Form 990, Special Condition Description:

Special Condition Description