

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 \$ 8,655,217 including grants of \$ 8,301,556) (Revenue \$)
See Additional Data

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 ▶ 8,655,217

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 for escrow or custodial account liability, 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, line 10? 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 Yes	
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9
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	7			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
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" to line 3b, 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, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
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 as charitable contributions?				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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		No
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		No
b Did the sponsoring 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. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the 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 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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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 or note to any line 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 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 17		
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		No
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 this 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-A 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 ☐ Other (explain in Schedule O)

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 during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► BRADFORD S GROVES 181 S MAIN ST 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 or note to any line 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. 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) KAREN BIERLY TRUSTEE	1 00	X						0	0	0
(2) BRIDGETTE BURNELL TRUSTEE	1 00	X						0	0	0
(3) DAVID D CARTO TRUSTEE	1 00	X						0	0	0
(4) MICHAEL CHAMBERS TREASURER	1 00	X		X				0	0	0
(5) BRUCE CUMMINS SECRETARY	1 00	X						0	0	0
(6) BETH DELANEY TRUSTEE	1 00	X						0	0	0
(7) CARL FERNYAK TRUSTEE	1 00	X						0	0	0
(8) JESSICA GRIBBEN TRUSTEE	1 00	X						0	0	0
(9) CHRIS HINER TRUSTEE	1 00	X						0	0	0
(10) BARBARA ZAUGG JOUDREY TRUSTEE	1 00	X						0	0	0
(11) JUSTIN MAROTTA TRUSTEE	1 00	X						0	0	0
(12) MARK MASTERS TRUSTEE	1 00	X						0	0	0
(13) JULIE MCCREADY CHAIR-ELECT	1 00	X		X				0	0	0
(14) GUNTHER MEISSE TRUSTEE	1 00	X						0	0	0
(15) KARL MILLIRON TRUSTEE	1 00	X						0	0	0
(16) JANA MULHERIN SECRETARY	1 00	X		X				0	0	0
(17) GLENNA PLOTTS CHAIR	1 00	X		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 (list any hours for related organizations below dotted line)	(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) JOHN C ROBY TRUSTEE	1 00	X						0	0	0
(19) JOKITA SHETTY TRUSTEE	1 00	X						0	0	0
(20) W CHANDLER STEVENS TRUSTEE	1 00	X						0	0	0
(21) ROBERT T BARRETT V P FINANCE	1 00			X				93,811	0	5,645
(22) BRADFORD S GROVES PRESIDENT	38 00			X				134,325	0	7,767
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								228,136		13,412

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 ► 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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
CLEARSTED ADVISORS 1100 SUPERIOR AVE EAST STE 700 CLEVELAND, OH 44114	INVEST ADV SVC	121,354

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 ► 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

Contributions, Gifts, Grants
and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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	7,558,537			
g	Noncash contributions included in lines 1a - 1f \$ <u>565,142</u>					
h Total.	Add lines 1a-1f ▶		7,558,537			

Program Service Revenue

			Business Code				
2a							
b							
c							
d							
e							
f	All other program service revenue						
g Total.	Add lines 2a-2f ▶						

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) ▶		4,403,503			4,403,503
4	Income from investment of tax-exempt bond proceeds ▶					
5	Royalties ▶					
6a	Gross rents	(i) Real	(ii) Personal			
b	Less rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss) ▶					
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		24,266,270	2,198,467			
b	Less cost or other basis and sales expenses	20,187,807				
c	Gain or (loss)	4,078,463	2,198,467			
d	Net gain or (loss) ▶		6,276,930			6,276,930
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	WHITE OAK FIXED INCOME FUND		900099	-72,655	-72,655	
b						
c						
d	All other revenue					
e Total.	Add lines 11a-11d ▶			-72,655		
12 Total revenue.	See Instructions ▶			18,166,315	-72,655	10,680,433

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21.	7,676,995	7,676,995		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	624,561	624,561		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	228,136	54,111	124,604	49,421
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.	202,373	136,821	19,165	46,387
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	21,737	9,352	7,426	4,959
9 Other employee benefits.	41,137	25,557	4,697	10,883
10 Payroll taxes.	32,262	14,308	10,774	7,180
11 Fees for services (non-employees):				
a Management.				
b Legal.	1,330		1,330	
c Accounting.	17,780		17,780	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	206,736		206,736	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,332	6,332		
12 Advertising and promotion.				
13 Office expenses.	20,560	9,119	6,866	4,575
14 Information technology.	25,198	11,175	8,415	5,608
15 Royalties.				
16 Occupancy.	25,066	11,117	8,371	5,578
17 Travel.	1,730	767	578	385
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	11,854	5,257	3,959	2,638
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	52,438	23,256	17,512	11,670
23 Insurance.	7,927	3,516	2,647	1,764
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a COMMUNITY RELATIONS	50,317		3,052	47,265
b COMM CAPACITY BUILDING	29,243	29,243		
c DUES AND MEMBERSHIPS	15,846	7,028	5,292	3,526
d ANNUAL REPORT	11,434		11,434	
e All other expenses	25,390	6,702	10,060	8,628
25 Total functional expenses. Add lines 1 through 24e.	9,336,382	8,655,217	470,698	210,467
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		22,846	1	59,832	
	2	Savings and temporary cash investments		3,354,202	2	3,468,376	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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	1,641,684			
	b	Less: accumulated depreciation	10b	295,022	1,319,593	10c	1,346,662
	11	Investments—publicly traded securities		139,730,542	11	131,096,339	
	12	Investments—other securities. See Part IV, line 11		17,511,184	12	17,596,905	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		4,212	15	2,181	
16	Total assets. Add lines 1 through 15 (must equal line 34)		161,942,579	16	153,570,295		
Liabilities	17	Accounts payable and accrued expenses		7,208	17	5,324	
	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	Loans and other 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		55,941	25	6,566,693	
	26	Total liabilities. Add lines 17 through 25		63,149	26	6,572,017	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		81,863,349	27	78,408,817	
	28	Temporarily restricted net assets		53,173,688	28	44,448,828	
	29	Permanently restricted net assets		26,842,393	29	24,140,633	
	Organizations that do not follow SFAS 117 (ASC 958), 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		161,879,430	33	146,998,278		
34	Total liabilities and net assets/fund balances		161,942,579	34	153,570,295		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,166,315
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,336,382
3	Revenue less expenses Subtract line 2 from line 1	3	8,829,933
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	161,879,430
5	Net unrealized gains (losses) on investments	5	-17,190,959
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-7,090,296
9	Other changes in net assets or fund balances (explain in Schedule O)	9	570,170
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	146,998,278

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

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 2018, 597 GRANTS TOTALING 7,676,995 WERE AWARDED TO 187 CHARITABLE ORGANIZATIONS. IN ADDITION, 440 SCHOLARSHIP GRANTS TOTALING 624,561 WERE AWARDED TO LOCAL STUDENTS PURSUING A POST SECONDARY EDUCATION.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	3,571,235	1,454,296	8,115,270	4,515,139	7,558,537	25,214,477
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	3,571,235	1,454,296	8,115,270	4,515,139	7,558,537	25,214,477
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)						12,016,999
6	Public support. Subtract line 5 from line 4						13,197,478

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	3,571,235	1,454,296	8,115,270	4,515,139	7,558,537	25,214,477
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,692,807	3,111,922	2,508,319	2,991,059	4,403,503	15,707,610
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						40,922,087
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 section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 32.250 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 36.660 %
16a	33 1/3% support test—2018. 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—2017. If the organization did not check a 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—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐	
b	10%-facts-and-circumstances test—2017. 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 VI 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 Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	59	30
2 Aggregate value of contributions to (during year)	5,556,312	47,840
3 Aggregate value of grants from (during year)	5,154,527	201,459
4 Aggregate value at end of year	50,329,806	6,513,675

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 can 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" on 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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 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 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items

a Revenue included on 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 acquisition, 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 XIII

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" on 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on 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	154,789,134	145,710,960	133,423,415	140,285,666	136,539,960
b Contributions	7,529,943	4,533,205	8,131,349	1,454,296	3,571,235
c Net investment earnings, gains, and losses	-6,389,027	18,940,279	8,878,840	-3,113,913	4,991,809
d Grants or scholarships	8,108,764	6,489,204	3,982,211	4,235,319	4,207,717
e Other expenditures for facilities and programs				7,242	11,331
f Administrative expenses	823,008	815,810	740,433	960,073	598,290
g End of year balance	146,998,278	161,879,430	145,710,960	133,423,415	140,285,666

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

53 340 %

b

Permanent endowment

30 240 %

c

Temporarily restricted endowment

16 420 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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	134,471			134,471
b Buildings	1,052,406		82,826	969,580
c Leasehold improvements				
d Equipment	240,920		174,477	66,443
e Other	213,887		37,719	176,168
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,346,662

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
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		
(3) Other _____		
(A) WEATHERLOW OFFSHORE FUND I LTD	8,154,931	F
(B) BLACK DIAMOND ARBITRAGE, LTD	5,084,728	F
(C) WHITE OAK LLP	4,357,246	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	17,596,905	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
FUNDS HELD AS AGENCY ENDOWMENTS	6,513,674	
ANNUITY CONTRACTS PAYABLE	53,019	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	6,566,693	

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☐

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	781,413
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-17,190,959
b	Donated services and use of facilities	2b	19,245
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-6,452
e	Add lines 2a through 2d	2e	-17,178,166
3	Subtract line 2e from line 1	3	17,959,579
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	206,736
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	206,736
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	18,166,315

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	9,148,891
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	19,245
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	19,245
3	Subtract line 2e from line 1	3	9,129,646
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	206,736
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	206,736
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	9,336,382

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	CHANGE IN GIFT ANNUITY VALUE -6,452

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) COLLEGE SCHOLARSHIPS	440	624,561			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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 DONORS' 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 THAN 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 WITH 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 ORGANIZATION RESIDE IN RICHLAND COUNTY HOW TO APPLY FOR A GRANT AT RCF - GRANT APPLICATIONS ARE TYPICALLY REVIEWED FOUR TIMES A YEAR THE BOARD OF TRUSTEES MAY MAKE GRANT AWARDS AT EACH OF THEIR REGULAR BOARD MEETINGS - THE APPLICATION PROCEDURE SHOULD BEGIN WITH A TELEPHONE CALL TO AN RCF COMMUNITY INVESTMENT 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 GRANT APPLICATION WILL BE PROVIDED TO THE APPLYING ORGANIZATION - A COMPLETED RCF GRANT APPLICATION MUST BE PROVIDED TO RCF BY MIDNIGHT ON THE DESIGNATED DEADLINE DATE A COMPLETE PROJECT BUDGET AND BUDGET NARRATIVE MUST BE INCLUDED WITH THE APPLICATION - ATTACHED TO THE COMPLETED GRANT APPLICATION MUST BE THE FOLLOWING DOCUMENTS (IF APPLICABLE TO THE ORGANIZATION) 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 - APPLICATIONS ARE SUBMITTED ONLINE - THE COMMUNITY INVESTMENT OFFICER MAY CONTACT THE "PROGRAM COORDINATOR" LISTED ON THE GRANT APPLICATION TO SCHEDULE A SITE VISIT MEMBERS OF THE BOARD OF TRUSTEES 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 AWARDED BEYOND THE ORIGINAL END DATE OF THE GRANT PERIOD FOR ADDITIONAL INFORMATION ABOUT AVAILABLE GRANTS THROUGH RCF, CONTACT THE COMMUNITY INVESTMENT OFFICER AT 419-525-3020 OR VISIT OUR WEBSITE AT WWW.RICHLANDCOUNTYFOUNDATION.ORG

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ALZHEIMER'S ASSOCIATION - NW OHIO 2131 PARK AVE WEST MANSFIELD, OH 44906	13-3039601	501C3	7,062				DEMENTIA CAPABLE COM
AMERICAN RED CROSS 244 SOUTH WALNUT WOOSTER, OH 44691	34-0733122	501C3	10,535				INCREASING VOL CAPAC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ARNOLD'S LANDSCAPING 3128 PARK AVE W MANSFIELD, OH 44906			30,247				FIRE STATION-SHELBY
ARTISTS ARCHIVES OF THE WESTERN RESERVE 1834 EAST 123RD ST CLEVELAND, OH 44106	34-1837357	501C3	5,360				ARCHIVE PAINTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ASHLAND SCHINE'S THEATER ORGANIZATION PO BOX 1261 ASHLAND, OH 44805	47-3613490	501C3	8,000				OPERATIONS
ASHLAND UNIVERSITY 401 COLLEGE AVENUE ASHLAND, OH 44805	34-0714626	501C3	11,108				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BUCKEYE COUNCIL BSA INC 2301 13TH STREET NW CANTON, OH 44708	22-1576300	501C3	40,175				PROGRAM SUPPORT
CATALYST LIFE SERVICES 741 SCHOLL ROAD MANSFIELD, OH 44907	34-1190641	501C3	17,605				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CATHOLIC CHARITIES 2 SMITH AVENUE MANSFIELD, OH 44905	34-4428254	501C3	65,700				COMMUNITY EMERG SVC
CHILDREN'S CUPBOARD 624 GLENDALE BLVD MANSFIELD, OH 44907	75-3234898	501C3	15,402				INTERNSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHILDREN'S DYSLEXIA CENTER 290 CRAMER CREEK COURT DUBLIN, OH 43017	04-3169620	501C3	42,525				GENERAL SUPPORT
CITY OF MANSFIELD N DIAMOND ST MANSFIELD, OH 44902	34-6001795	GOV	21,900				VARIOUS PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CLEAR FORK VALLEY FOUNDATION PO BOX 533 BELLVILLE, OH 44813	34-1734905	501C3	7,009				GRANTS AND SCHOLARSH
CLEAR FORK VALLEY SCHOOLS 92 HINES AVENUE BELLVILLE, OH 44813	34-6000463	501C3	18,375				ROBOTICS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CLEVELAND MUSEUM OF ART 11150 EAST BLVD CLEVELAND, OH 44106	34-0714336	501C3	16,667				INTERCOUNTY EDUCATIO
COMMUNITY ACTION FOR CAPABLE YOUTH 1495 W LONGVIEW AVE STE 104 MANSFIELD, OH 44906	34-1503726	501C3	19,242				CENTER FOR OPIOID

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CRAWFORD COUNTY UNITED WAY INC PO BOX 242 GALION, OH 44833	31-0641236	501C3	6,000				VARIOUS PROGRAMS
CRESTVIEW LOCAL SCHOOLS 1575 STATE ROUTE 96 EAST ASHLAND, OH 44805	34-6007022	GOV	19,857				VARIOUS PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CULLIVER READING CENTER 276 HARKER ST MANSFIELD, OH 44903	34-1829762	501C3	6,539				OPERATING
DISCOVERY SCHOOL 855 MILLSBORO ROAD MANSFIELD, OH 44903	34-1168732	501C3	112,356				BUILDING CONSTRUCTIO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DOWNTOWN MANSFIELD INC TOTAL 101 1/2 N MAIN ST MANSFIELD, OH 44902	34-1605642	501C3	30,104				INTERNSHIPS
FENIMORE ART MUSEUM 5798 ST RT 80 COOPERSTOWN, NY 13326	15-0539110	501C3	8,333				AV EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FIRST CONGREGATIONAL CHURCH 640 MILLSBORO ROAD MANSFIELD, OH 44903	34-8085891	CHURCH	70,620				CAPITAL FUND DRIVE
FLYING HORSE FARMS 5260 ST RT 95 MT GILEAD, OH 43338	20-3498125	501C3	16,500				SUMMER CAMPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRIENDLY HOUSE ASSOCIATION 380 NORTH MULBERRY ST MANSFIELD, OH 44902	34-0714667	501C3	71,537				GENERAL SUPPORT
FRIENDS OF THE GORMAN NATURE CENTER 2295 LEXINGTON AVE MANSFIELD, OH 44907	34-1447942	501C3	6,135				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GLIMMERGLASS FESTIVAL PO BOX 191 COOPERSTOWN, NY 13326	16-1053970	501C3	8,333				DISADVANTAGE YOUTH
GREATER OHIO POLICY CENTER 399 E MAIN ST STE 220 COLUMBUS, OH 43215	26-0784344	501C3	20,000				SWSW419 PARTNERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HARMONY HOUSE 124 WEST THIRD ST MANSFIELD, OH 44902	20-2560970	501C3	74,524				GENERAL OPERATING
HISTORIC SARANAC LAKE 89 CHURCH ST STE 2 SARANAC LAKE, NY 12983	14-1635407	501C3	8,333				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HUMANE SOCIETY OF RICHLAND COUNTY 3025 PARK AVE W MANSFIELD, OH 44907	34-6538966	501C3	14,500				RASCAL DAYS
IDEA WORKS 40 W FOURTH STREET MANSFIELD, OH 44902	82-3865130	501C3	110,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
KINGWOOD CENTER GARDENS 900 PARK AVENUE WEST MANSFIELD, OH 44906	34-6506846	501C3	510,507				GENERAL OPERATING
LEXINGTON LOCAL SCHOOLS 103 CLEVER LN LEXINGTON, OH 44904	34-6001671	GOV	16,173				EDUCATION EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 COMMUNITY CENTER 252 WEST MAIN ST LUCAS, OH 44843	46-3740215	501C3	57,000				GENERAL SUPPORT
LUCAS LOCAL SCHOOLS 84 LUCAS NORTH RD MANSFIELD, OH 44843	34-6001730	GOV	31,138				EDUCATION EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MADISON SUMMER BASEBALL LEAGUE INC 587 BISCAYNE CIRCLE MANSFIELD, OH 44903	34-1487101	501C3	27,000				LIGHTING FOR FIELD
MALABAR FARM FOUNDATION INC 4050 BLOOMFIELD RD LUCAS, OH 44843	34-1768061	501C3	22,150				BLINDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MALAWI ORPHAN CARE PROJECT INC 53 PARK AVE WEST MANSFIELD, OH 44902	45-5182695	501C3	10,000				FILM PRODUCTION
MANSFIELD AREA Y 750 SHOLL RD MANSFIELD, OH 44907	34-0714795	501C3	135,525				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MANSFIELD ART CENTER 700 MARION AVE MANSFIELD, OH 44903	34-0827274	501C3	349,898				GENERAL SUPPORT
MANSFIELD CANCER FOUNDATION 335 GLESSNER AVE MANSFIELD, OH 44903	34-1225852	501C3	28,962				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MANSFIELD CHRISTIAN SCHOOL 500 LOGAN RD MANSFIELD, OH 44907	34-0892700	501C3	17,308				GENERAL OPERATING
MANSFIELD CITY SCHOOLS PO BOX 1448 MANSFIELD, OH 44901	34-6001794	GOV	186,247				SCHOOL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MANSFIELD COMMUNITY PLAYHOUSE 95 EAST THIRD ST MANSFIELD, OH 44902	34-1016629	501C3	8,929				GENERAL SUPPORT
MANSFIELD MEMORIAL HOMES 50 BLYMYER AVE MANSFIELD, OH 44902	34-0865526	501C3	52,958				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MANSFIELD REFORMATORY PRESERVATION SOCIETY 100 REFORMATORY ROAD MANSFIELD, OH 44905	34-1796427	501C3	25,000				FIRE SUPPRESSION SYS
MANSFIELD ROTARY CLUB FOUNDATION PO BOX 3918 MANSFIELD, OH 44907	26-1231998	501C3	5,782				MCGOWAN COURAGE AWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MANSFIELD UMADAOP 400 BOWMAN ST MANSFIELD, OH 44902	34-1703136	501C3	15,340				SALT PROGRAM
MANSFIELD-RICHLAND AREA EDUC FOUNDA 55 N MULBERRY ST MANSFIELD, OH 44902	34-1312689	501C3	5,250				GENERAL SUPPORT

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MANSFIELD RICHLAND INCUBATOR INC 201 E FIFTH ST SUITE 100 MANSFIELD, OH 44902	34-1530287	501C3	13,500				SCALE UP PROGRAMS
MENTAL HEALTH & RECOVERY SERVICES BOARD 87 E FIRST ST MANSFIELD, OH 44902	34-6002296	GOV	100,000				NEW BEGINNINGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MID-OHIO EDUCATIONAL SERVICE CENTER 890 W FOURTH ST STE 100 MANSFIELD, OH 44906	34-1207061	501C3	8,916				VARIOUS PROGRAMS
MID-OHIO OPERA INC 655 GILBERT AVE MANSFIELD, OH 44907	46-4259742	501C3	7,667				2019 OPERA PRODUCTIO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MOHICAN SCHOOL IN HTE OUT-OF-DOORS 5370 BUNKERHILL NORTH ROAD BUTLER, OH 44822	34-1155684	501C3	11,094				LIQUIDATION OF ENDOW
NEOS DANCE THEATRE 101 NORTH MAIN ST MANSFIELD, OH 44902	34-1038108	501C3	18,500				MUSIC AND DANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTH CENTRAL OHIO LAND CONSERVANCY 13 PARK AVENUE W SUITE 608 MANSFIELD, OH 44902	34-1723692		24,714				GENERAL SUPPORT
NORTH CENTRAL STATE COLLEGE 2441 KENWOOD CIRCLE MANSFIELD, OH 44906	34-1038108	501C3	15,277				FIN AID AND SCHOLARS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTH CENTRAL STATE COLLEGE FOUNDAT 2441 KENWOOD CIRCLE MANSFIELD, OH 44906	23-7450889	501C3	227,178				GENERAL SUPPORT
THE NORTH END COMMUNITY IMPROVEMENT COLLABORATIVE INC 199 NORTH MAIN ST MANSFIELD, OH 44902	20-5806276	501C3	859,875				GENERAL OPERATING

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NUHOP CENTER FOR EXPERIENTIAL LEARNING 1077 TOWNSHIP ROAD 2916 PERRYSVILLE, OH 44864	23-7438600	501C3	12,500				CABINS RENOVATION
OHIO BIRD SANCTUARY 3774 ORWEILER RD MANSFIELD, OH 44903	34-1691325	501C3	36,015				VARIOUS PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OHIO GENEALOGICAL SOCIETY 611 STATE ROUTE 97 W BELLVILLE, OH 44813	34-6555678	501C3	5,348				GENERAL SUPPORT
ONTARIO LOCAL SCHOOLS 457 SHELBY-ONTARIO ROAD MANSFIELD, OH 44906	34-6002708	GOV	26,516				TEACHER ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OTSEGO LAND TRUST PO BOX 173 COOPERSTOWN, NY 13326	13-3499394	501C3	6,667				NORTH SIDE BROOKWOOD
PIONEER CAREER & TECH CENTER 27 RYAN RD SHELBY, OH 44875	34-0971791	GOV	48,890				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PLANNED PARENTHOOD OF GREATER OHIO 206 E STATE STREET COLUMBUS, OH 43215	34-1015976	501C3	13,333				PARENT CIRCLES
PLYMOUTH AREA HISTORICAL SOCIETY 9 EAST MAIN ST PLYMOUTH, OH 44865	34-1444644	501C3	11,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PLYMOUTH-SHILOH LOCAL SCHOOLS 365 SANDUSKY ST PLYMOUTH, OH 44865	34-6002228	GOV	18,684				SUPPLIES AND PROGRAM
RAEMELTON THERAPEUTIC EQUEST CENTE 569 SOUTH TRIMBLE RD MANSFIELD, OH 44906	34-1780155	501C3	39,533				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RAILS TO TRAILS OF WAYNE COUNTY PO BOX 1566 WOOSTER, OH 44961	34-1833726	501C3	8,333				HEARTLAND TRAIL
RENAISSANCE PERFORMING ARTS PO BOX 789 MANSFIELD, OH 44901	34-1300583	501C3	403,473				GENERAL OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RESURRECTION PARISH 2600 LEXINGTON AVENUE MANSFIELD, OH 44904	34-1145653	CHURCH	50,000				CHARITABLE GIFT
RICHLAND ACADEMY OF THE ARTS INC 75 N WALNUT STREET MANSFIELD, OH 44902	34-1681948	501C3	40,864				MUSIC DEPT EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RICHLAND ACADEMY SCHOOL OF EXCELLENCE 1456 PARK AVENUE WEST MANSFIELD, OH 44906	34-1681948	501C3	7,082				VARIOUS PROGRAMS
RICHLAND CARROUSEL PARK INC 75 N MAIN ST MANSFIELD, OH 44902	34-1586398	501C3	22,818				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RICHLAND COMMUNITY DEVELOPMENT GROU 55 NORTH MULBERRY ST MANSFIELD, OH 44902	34-1374548	201C3	128,523				WORKFORCE DEVELOPMEN
RICHLAND COUNTY AGRICULTURE SOCIETY 750 NORTH HOME ROAD MANSFIELD, OH 44906	31-6053076	501C3	9,830				NATIVE PLANT PARK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RICHLAND COUNTY HABITAT FOR HUMANITY 2151 STUMBO ROAD ONTARIO, OH 44906	38-2819384	501C3	5,435				GENERAL SUPPORT
RICHLAND COUNTY HISTORICAL SOCIETY 310 SPRINGMILL ST MANSFIELD, OH 44906	23-7010383	501C3	15,452				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RICHLAND COUNTY MUSEUM 51 CHURCH ST LEXINGTON, OH 44904	34-1598719	501C3	5,074				GENERAL SUPPORT
RICHLAND NEWHOPE INDUSTRIES INC PO BOX 916 MANSFIELD, OH 44901	34-6608979	501C3	28,148				INDIVIDUAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SAINT PETER'S PARISH 104 WEST FIRST ST MANSFIELD, OH 44902	34-0792942	CHURCH	6,667				ST PETERS MUSIC SERI
SHELBY CITY SCHOOLS 25 HIGH SCHOOL AVE SHELBY, OH 44875	34-6002632	GOV	5,841				TEACHER RESOURCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SIMONSON CONSTRUCTION SERVICES INC 2112 TROY ROAD ASHLAND, OH 44805	34-1759176		2,319,140				SHELBY FIRE STATION
THE DOMESTIC VIOLENCE SHELTER PO BOX 1524 MANSFIELD, OH 44901	34-1261703	501C3	13,065				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 LITTLE BUCKEYE CHILDREN'S MUSEU 44 WEST FOURTH ST MANSFIELD, OH 44902	27-3014824	501C3	17,500				PROGRAM SUPPORT
THE OHIO STATE UNIVERSITY - MANSFIE 1760 UNIVERSITY DRIVE MANSFIELD, OH 44906	31-6025986	501C3	82,212				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 OHIO STATE UNIVERSITY FOUNDATIO 1480 WEST LANE AVENUE COLUMBUS, OH 43221	31-1145986	501C3	173,350				PROGRAM SUPPORT
THE SALVATION ARMY 47 SOUTH MAIN ST MANSFIELD, OH 44902	13-2923701	501C3	96,759				PROGRAM AND GENERAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
THIRD STREET FAMILY HEALTH SERVICES 600 W THIRD STREET MANSFIELD, OH 44903	34-1753919	501C3	67,543				FAMILY HEALTH
TRAPSHOOTING HALL OF FAME PO BOX 281 VANDALIA, OH 45377	31-0843232	501C3	42,525				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNITED WAY OF RICHLAND COUNTY 35 NORTH PARK ST MANSFIELD, OH 44902	34-0714455	501C3	85,898				PROGRAM AND GENERAL
VILLAGE OF BELLVILLE 142 PARK PLACE BELLVILLE, OH 44813	34-6000232	GOV	7,000				AED MACHINES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
VILLAGE OF LEXINGTON 44 WEST MAIN ST LEXINGTON, OH 44904		GOV	6,578				SENIOR CENTER STOVE

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
RICHLAND COUNTY FOUNDATION

Employer identification number
34-0872883

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	4	565,142	STOCK EXCHANGE
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

RICHLAND COUNTY FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

34-0872883

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 SERVICE 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 A 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 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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 V P FOR FINANCE, PRESIDENT AND BOARD CHAIR. THE COMPLETED FORM 990 IS MADE AVAILABLE 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 DOCUMENTS IN THE MINUTES OF EACH APPLICABLE BOARD OR COMMITTEE MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 PHILANTHROPY OHIO AND USES THEIR ANNUAL SALARY SURVEY ALONG WITH SURVEY INFORMATION MADE AVAILABLE BY COUNCIL ON FOUNDATIONS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SIMILAR CRITERIA, AS DESCRIBED FOR THE PROCESS OF APPROVING COMPENSATION FOR THE CEO, 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 D APPROVED SALARY BUDGET FOR ALL EMPLOYEES, IS DETERMINED BY THE ORGANIZATION'S PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	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 ORGANIZATION'S ANNUAL MEETING OF MEMBERS AND MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND COMPLETE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST ADDITIONALLY, THE AUDITED FINANCIAL STATEMENTS ARE FOUND ON THE ORGANIZATION'S WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN AGENCY LIABILITY 576,622 CHANGE IN GIFT ANNUITY VALUE -6,452 TOTAL 570,170