990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2024 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2024 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization Community Foundation of Randolph Check if applicable: Address change County Inc 35-1903148 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 765-584-9077 Initial return 120 W Washington Street City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated Winchester IN 47394 4,407,931 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Lisa Jennings 120 W Washington Street H(b) Are all subordinates included? If "No," attach a list. See instructions Winchester IN 47394 **X** 501(c)(3) 501(c) (4947(a)(1) or Tax-exempt status www.randolphcountyfoundation.org Website: H(c) Group exemption number Year of formation: 1992 IN X Corporation Trust Association Form of organization: M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: The Foundation's mission is to seek to bring people and resources together Governance to strengthen the quality of life, both now and in the future, for the residents of Randolph County, Indiana. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 15 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 15 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 796,373 1,558,974 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 796,754 1,030,571 21,146 23,660 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,614,273 2,613,205 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 555,551 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 568,687 14 Benefits paid to or for members (Part IX, column (A), line 4) 177,787 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 224,336 368,571 970,810 1,189,340 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,423,865 643,463 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year 5 17,387,973 15,496,286 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,119,639 1,090,996 16,268,334 22 Net assets or fund balances. Subtract line 21 from line 20 14,405,290 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sian President Here Tom Osborn Type or print name and title Preparer's name Preparer's signature Check Paid Thomas A. Roberts Thomas A. Roberts 10/22/25 self-employed P00997867 **Preparer** Estep Burkey Simmons, 04-3587095 Firm's name Firm's EIN **Use Only**

PO Box 42

May the IRS discuss this return with the preparer shown above? See instructions

Muncie, IN

47308-0042

765-284-7554

	990 (2024) Community Foundat		35-1903148		Page 2
Pa	rt III Statement of Program Serv				
	Check if Schedule O contains	a response or note to any lin	e in this Part III		<u>L</u>
1	Briefly describe the organization's mission:				
	The Foundation's mission				
	to strengthen the quali	ty of life, both	now and in th	e future, for	the
	residents of Randolph (County, Indiana.	TION		
					/
2	Did the organization undertake any significant p	program services during the year wh	ich were not listed on the		
		g ,		Ī	Yes X No
	If "Yes," describe these new services on Scheo			······ ⊔	
3	Did the organization cease conducting, or make		ucts any program		
3	continue?				Yes X No
		 •		Ц	162 21 140
	If "Yes," describe these changes on Schedule				
4	Describe the organization's program service ac			•	
	expenses. Section 501(c)(3) and 501(c)(4) orga		amount of grants and alloc	ations to others,	
	the total expenses, and revenue, if any, for each	ch program service reported.			
	(Code:) (Expenses \$ 92				7,257)
C	ommunity grants and col	lege scholarships	for Randolph	County studer	ıts.

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	• • • • • • • • • • • • • • • • • • • •				
	•				
	• • • • • • • • • • • • • • • • • • • •				
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
N	/A				
	• • • • • • • • • • • • • • • • • • • •				
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	• • • • • • • • • • • • • • • • • • • •				
	• • • • • • • • • • • • • • • • • • • •				
	(Code:) (Expenses \$	including grants of \$,) (Revenue \$	
	/A	g grants or \$\psi\$, (πονοπαο ψ	,
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4d	Other program services (Describe on Schedule	• O.)			
		iding grants of \$) (Revenue \$)	
4e	Total program service expenses	926,374	, , +	,	

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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	X	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	110	х	
b	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		x
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		Λ
10	assistance to an favious individuals 2.16 W/ss 2 separate Calculula F. Darte III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
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		x
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	X	

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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? If "Yes," complete Schedule J X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 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? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check 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 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

X

reportable gaming (gambling) winnings to prize winners?

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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		X
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).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
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?			
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	and the second section from the second business had been also as the second section for the second	8		
9	sponsoring organization nave excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а		9a		х
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
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?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

10850 10/22/2025 3:22 PM Form 990 (2024) Community Foundation of Randolph 35-1903148 Page 6 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 15 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 on Schedule O X 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 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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 X 15a

with a taxable entity during the year? 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?

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

Section C. Disclosure

17	List the states	with which a	copy of this	Form 990 is re	equired to be filed	IN
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If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Other officers or key employees of the organization

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website Upon request Other (explain on Schedule O)
- Describe on 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records.

The Organization Winchester

120 W Washington St

IN 47394

765-584-9077

15b

16a

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form 990 (2024) Community Fo	oundation c	of :	Randolph
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35-1903148

Page **7**

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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. See the instructions for the order in which to list the persons above.

	Check this box if neither the			

(A) Name and title	(B) Average hours per week	box	k, unle	Position not check more than one unless person is both an er and a director/trustee)		n e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Tom Osborn										
· · · · · · · · · · · · · · · · · · ·	1.00							_	_	
President	0.00	X		Х				0	0	0
(2) Jane Flesher	1.00									
Vice President	0.00	x		x				0	0	0
(3) Marla Threewits	0.00	1						0	0	<u> </u>
(3) MATTA THE CWICE	1.00									
Secretary	0.00	x		x				0	0	0
(4) Conan Wallace	0.00							·		
(4) COILGII MGIIIGG	1.00									
Treasurer	0.00	x		x				0	0	0
(5) Greg Beumer		1		-						
(-, 5	1.00									
Director	0.00	X						0	0	0
(6) Amy Chamberlain										
· , -	1.00									
Director	0.00	X						0	0	0
(7) Doreen Culy										
	1.00									
Director	0.00	X						0	0	0
(8) Linden Dennis										
	1.00									
Director	0.00	X						0	0	0
(9) Suzan Dillon Mye										
	1.00									
Director	0.00	X						0	0	0
(10) Brandon Elmore										
	1.00									
Director	0.00	X						0	0	0
(11)Peter Haviza										
	1.00	. <u>_ </u>						_	_	_
Director	0.00	X						0	0	Form 990 (2024)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyees,	and Highest Com	pensated	Employees (continued)			
(A) Name and title	(B) Average hours per week	bo off	x, unle	Pos check ess pe nd a c	more rson i directo	than one s both ar	compensation from the	n	(E) Reportable compensation from related	con	(F) nated amount of other npensation	t
Pub	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	organization (N 1099-MISC)		organizations (W-2/ 1099-MISC/ 1099-NEC)	orgai	from the nization and organizatior	
(12) Kurt Prescott												
(12) Director	1.00	x						0	0			0
(13) Rosie Shoemal												
(13) Director	1.00	x						0	0			0
(14) Matt Taylor												
(14)	1.00	3,5							0			^
Director (15) Missy William	0.00	X						0	0			0
(15)	1.00											
Director	0.00	х						0	0			0
(16) Lisa Jennings (16)	40.00											
Executive Director	0.00	х					82	,179	o		12,	877
(17)												
(18)												
(19)												
1b Subtotal								,179			12,	877
c Total from continuation shee	•							,179			12	877
d Total (add lines 1b and 1c)2 Total number of individuals (in	cluding but not I	imite	d to	thos	e lis	ted abo			\$100,000 of		14,	011
reportable compensation from			0						·		Yes	No
3 Did the organization list any fo	ormer officer, dir	ecto	r, tru	stee,	, key	emplo	yee, or highest con	npensated	1		162	NO
employee on line 1a? If "Yes,"	complete Sche	dule	J for	SUC	h ind	dividua	· · · · · · · · · · · · · · · · · · ·				3	X
4 For any individual listed on line organization and related organization and related organization.	nizations greater	thar	1 \$15	50,00	0? /	f "Yes,	' complete Schedule	J for suc	ch		4	x
5 Did any person listed on line ?	1a receive or acc	crue	com	pens	atior	n from	any unrelated organ	ization or	individual			
for services rendered to the o		es,"	com	plete	Sci	<u>hedule</u>	J for such person .			<u></u>	5	X
1 Complete this table for your fir	ve highest comp											
compensation from the organization	zation. Report co (A) business address	ompe	ensat	ion f	or th	ne cale	ndar year ending wi		in the organization's tax ye (B) ion of services	±ar.	(C) Compensa	
Name and	bùsîness address							Descripti	ion of services		Compensa	ition
										\longrightarrow		
						\dashv				_		
2 Total number of independent of	contractors (inclu	ıdina	but	not I	imite	ed to th	ose listed above) w	ho				
received more than \$100,000									0			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function revenue (C) (A) (D) Revenue excluded Unrelated Total revenue from tax under husiness revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c **d** Related organizations 1d Contributions, Gif and Other Similar e Government grants (contributions) **f** All other contributions, gifts, grants, 1,558,974 and similar amounts not included above 1f g Noncash contributions included in 1g lines 1a-1f 1,558,974 h Total. Add lines 1a-1f. Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 427,717 427,717 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 2,397,580 other than inventory **b** Less: cost or other Other Revenue 1,794,726 basis and sales exps. 7с 602,854 c Gain or (loss) 602,854 602,854 d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a ${\bf b}$ Less: cost of goods sold $\dots\dots$ 10b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 13,200 13,200 11a Shared Services Revenue 10,460 Other income 10,460 d All other revenue 23,660 e Total. Add lines 11a-11d 2,613,205 0 0 1,054,231 Total revenue. See instructions ...

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 (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 226,344 226,344 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 329,207 individuals. See Part IV, line 22 329,207 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 82,179 36,389 31,302 14,488 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 133,247 58,997 50,759 23,491 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 49,792 22,047 18,967 8,778 Payroll taxes Fees for services (nonemployees): a Management **b** Legal 20,585 5,146 15,439 c Accounting e Professional fundraising services. See Part IV, line 17 Investment management fees 83,854 83,854 **g** Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 11,429 11,429 12 Advertising and promotion 37,430 29,944 7,486 13 Office expenses Information technology 4,122 2,061 1,649 412 14 Royalties 11,400 9,120 2,280 16 Occupancy 3,241 648 2,593 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,570 2,856 Conferences, conventions, and meetings 714 19 20 Interest Payments to affiliates 21 778 Depreciation, depletion, and amortization 3,891 3,113 22 4,760 3,808 952 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 81,596 81,596 Disaster Relief Trail Master Plan 45,237 45,237 Promise Indiana 529 14,866 14,866 12,715 12,715 Community Meetings 29,875 e All other expenses 28,906 969 1,189,340 926,374 214,435 48,531 Total functional expenses. Add lines 1 through 24e 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 Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 189,629 309,620 Cash—non-interest-bearing 2 Savings and temporary cash investments 1,606,380 1,719,078 Pledges and grants receivable, net 364,147 294,729 3 Accounts receivable, net 34,235 40,595 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 1,500 1,500 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 92,640 10a 75,945 b Less: accumulated depreciation 10b 15,364 16,695 10c 15,108,064 Investments—publicly traded securities 13,136,747 11 11 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 **14** Intangible assets 15 Other assets. See Part IV, line 11 28,293 17,683 15 15,496,286 17,387,973 Total assets. Add lines 1 through 15 (must equal line 33) 102,468 Accounts payable and accrued expenses 17 161 17 402,034 483,839 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 586,494 of Schedule D 635,639 1,090,996 1,119,639 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 754,363 785,203 27 13,650,927 15,483,131 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 14,405,290 16,268,334 32 15,496,286 17,387,973 Total liabilities and net assets/fund balances

Form **990** (2024)

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,18		
3		3		1,42	23,8	365
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	4,40	05,2	290
5	Net unrealized gains (losses) on investments	5		4:	98,9	934
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-!	59 , '	755
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	6,26	58,3	334
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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?			2b	X	
	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.					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
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 on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2024)

SCHEDULE A

(Form 990)

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 instructions and the latest information.

2024

Open to Public Inspection

lame	of the	e organization	Community Fo	oundation of R	andolph		Employer iden 35-190	tification number	
P	art I	Poss		Status (All organization	one must c	omplete	this part.) See instructi		-
			a private foundation because					oris.	_
	Olya		nvention of churches, or ass	,			•		
1	Н	•	,			1 170(0)(I)(A)(I).		
2	Н		cribed in section 170(b)(1)(
3	Н	•	a cooperative hospital servi	•			•		
4	Ш		=	d in conjunction with a hospi	tal described	in sectio	on 170(b)(1)(A)(iii). Enter the	hospital's name,	
		city, and stat							
5		An organizati	on operated for the benefit of	of a college or university own	ned or operat	ed by a g	overnmental unit described in		
	_	section 170	(b)(1)(A)(iv). (Complete Part	II.)					
6	Ш	A federal, sta	ate, or local government or g	governmental unit described	in section 1 7	70(b)(1)(A	a)(v).		
7	X				t from a gove	ernmental	unit or from the general publi	С	
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	Ш	A community	trust described in section	170(b)(1)(A)(vi). (Complete I	Part II.)				
9	\sqcup						junction with a land-grant colle	ege	
		or university	or a non-land-grant college of	of agriculture (see instruction	s). Enter the	name, ci	y, and state of the college or		
	_	university:							
10	Ш						ons, membership fees, and gro	oss	
							no more than 33 1/3% of its		
			gross investment income ar		,		,		
	\Box		he organization after June 3	•			•		
11	Н	An organizati	on organized and operated	exclusively to test for public	safety. See s	section 5	09(a)(4).		
12	Ш	•	•		•		ns of, or to carry out the purpo		
							9(a)(2). See section 509(a)(3)		
			-				nplete lines 12e, 12f, and 12g		
	а			•	•		organization(s), typically by give	ring	
			orted organization(s) the pow			of the di	rectors or trustees of the		
			g organization. You must c	-					
	b						rted organization(s), by having		
				-	•	sons that	control or manage the suppor	ted	
		\Box	ion(s). You must complete	•					
	С		functionally integrated. A sorted organization(s) (see ins				n, and functionally integrated v	vith,	
	A		=					on(a)	
	d				•		n with its supported organizati requirement and an attentiver	* *	
			ent (see instructions). You r					1000	
	е		is box if the organization rec						
	·		lly integrated, or Type III no				a type i, type ii, type iii		
	f		mber of supported organizati						
	g	Provide the f	ollowing information about th	ne supported organization(s)					
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	_
	org	anization		(described on lines 1–10	-	ur governing	support (see	other support (see	
				above (see instructions))	docui	ment?	instructions)	instructions)	
					Yes	No			_
(A)									
									_
(B)									
									_
(C)									
•									
(D)									_
(-)									
(E)									-
(-)									
rote.									-
Fota								i	

Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	456,600	835,387	2,169,260	747,318	1,558,974	5,767,539
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	456,600	835,387	2,169,260	747,318	1,558,974	5,767,539
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)						2,990,677
6	Public support. Subtract line 5 from line 4 tion B. Total Support						2,776,862
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
		— ` ′	` ,				
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	456,600 188,301	835,387 198,405	2,169,260	747,318 324,813	1,558,974 427,717	5,767,539 1,389,147
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.)	37,836	42,353	42,366	21,146	23,660	
11	Total support. Add lines 7 through 10	(40	7,324,047
12	Gross receipts from related activities, etc.						345,959
13	First 5 years. If the Form 990 is for the o	_		•	` '	• •	
500	organization, check this box and stop her tion C. Computation of Public So						
				(0)		14	2= 21 0/
14	Public support percentage for 2024 (line 6	, column (1), alvide	a by line 11, colun	nn (t))		14	37.91 %
15 162	Public support percentage from 2023 Sche 33 1/3% support test — 2024. If the orga	pization did not che	ock the box on line		22 1/20/ or more	chock this	37.67 %
16a	box and stop here . The organization qual 33 1/3% support test — 2023 . If the organization	ifies as a publicly s	supported organiza	ation			X
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test — 20				62 or 16b and lin		L
111	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	cts-and-circumstan	ces test. The orga	anization qualifies a	as a publicly suppo	orted	
L	organization						L
b	10%-facts-and-circumstances test — 20	-					
	15 is 10% or more, and if the organization in Part VI how the organization meets the						
					, , ,	•	
18	organization Private foundation. If the organization did						
	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.)

Sec	tion A. Public Support			, p		-/	
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Ins	spe	CTIO	nl	JOD	V
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						<i>y</i>
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						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support					-	
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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,						
4.4	and 12.) First 5 years. If the Form 990 is for the or	ranization's first	accord third fourth	or fifth tox year	on a continu E01/a	\(2\)	
14							П
Sec	organization, check this box and stop here tion C. Computation of Public St	Innort Percen	tage				
15	Public support percentage for 2024 (line 8)			n (f))		15	%
16	Public support percentage from 2023 Sche						%
	tion D. Computation of Investme						70
<u> </u>	Investment income percentage for 2024 (li			3. column (f))		17	%
18	Investment income percentage from 2023		III line 17			10	%
19a	33 1/3% support tests — 2024. If the org						
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests — 2023. If the org		=				· —
	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? 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.
- 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)? 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No	
YPY I	
1	
2	
3a	
3b	
3c	
30	
4a	
4b	
40	
4c	
5a	
5b	
5c	_
6	
7	
8	
9a	_
9b	
9c	
10a	
10a	

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		/	
	provide detail in Part VI.	11c	/	
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
2	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Secti	on 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)? 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).	1		
Secti	on 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?	1		
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? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's			
Socti	supported organizations played in this regard. On E. Type III Functionally Integrated Supporting Organizations	3		
	, , , , , , , , , , , , , , , , , , ,			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	2b		
	have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b		
	ou la supported digalizations (il 165, describe in Part VI ine role plaved by the organization in this regard	കഥ	. ,	

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

(explain in detail in Part VI):

Subtract line 2 from line 1d.

(see instructions).

c Fair market value of other non-exempt-use assets

Acquisition indebtedness applicable to non-exempt-use assets

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

e Discount claimed for blockage or other factors

1b

1c

2

3

	see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Sect	ion C – Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2024

Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)		
Sect	ion D – Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpos		1		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity			2	
3_	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3	\cup
4	Amounts paid to acquire exempt-use assets			4	
5_	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5	
6_	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	tion is responsive			
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	5	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2024				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
е	From 2023				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
<u>-</u>	Carryover from 2019 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c. Breakdown of line 7:				
8_	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
	Excess from 2024				
-	LAUGUU HUHH ZUZT				

Schedule A (Form 990) 2024

Community Foundation of Randolph 35-1903148 Schedule A (Form 990) 2024 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.) 143,701

DAA Schedule A (Form 990) 2024

Schedule B (Form 990) (Rev. December 2024))

(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

Community Foundation of Randolph
County Inc
Organization type (check one):

35-1903148

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	overed by the General Rule or a Special Rule . 1, (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.						
Special Rules							
regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
contributor, during the contributions totaled m during the year for an	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such lore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions e during the year						
must answer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line the filing requirements of Schedule B (Form 990)						

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Community Foundation of Randolph

Employer identification number 35-1903148

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1		\$ 750,205	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 34, 860	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name, address, and En 1 4	\$ 70,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
· · · · · ·	- Tunio, audioss, and En T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Community Foundation of Randolph 35-1903148 County Inc 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 2 99 Total number at end of year 4,655 273,144 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 352,619 3 32,154 8,559,173 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised X Yes funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Tax 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 on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) | Yes | No (i) and section 170(h)(4)(B)(ii)? 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 FASB 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 FASB 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 FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) (Rev. 12-2024) Comm	unity Found	lation of R	andolph	35-1903148	Page 2				
Pa	rt III Organizations Maintainin	g Collections of	Art, Historical Tr	easures, or Oth	er Similar Assets	(continued)				
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).									
а	Public exhibition	d 🗍	Loan or exchange pro	gram						
b	Scholarly research	—	Other							
С	Preservation for future generations	Inc	noct	IOD						
4	Provide a description of the organization's	collections and explain	how they further the	organization's exemp	t purpose in Part	JV				
	XIII.									
5	During the year, did the organization solicit	or receive donations of	of art, historical treasu	res, or other similar						
	assets to be sold to raise funds rather than	to be maintained as p	part of the organization	's collection?		. Yes No				
Pa	rt IV Escrow and Custodial A	rrangements								
	Complete if the organization	n answered "Yes"	on Form 990, Pa	rt IV, line 9, or re	ported an amount	on Form				
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custo									
	included on Form 990, Part X?					Yes No				
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table.							
						Amount				
С	Beginning balance				1c					
d	Additions during the year				1d					
	Distributions during the year									
f	Ending balance				1f					
	Did the organization include an amount on									
	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	kplanation has been pi	ovided in Part XIII						
Pa	rt V Endowment Funds	n anawarad "Vaa"	on Form OOO Do	rt IV line 10						
	Complete if the organizatio				(4) There are the all	(a) Farm many hards				
4-	De nicolia ne of consumbatance	(a) Current year 13,283,246	(b) Prior year 12,097,299	(c) Two years back 12,786,089	(d) Three years back 10,790,196	(e) Four years back 9,950,193				
	Beginning of year balance	789,751	582,534	1,713,334						
	Contributions	769,731	362,334	1,/13,335	300,000	01,230				
C	Net investment earnings, gains,	1,350,896	1,393,018	-1,900,538	586,688	61,238				
ч	and losses Grants or scholarships	502,320	527,375	319,690						
	Other expenditures for facilities and	302/320	321 / 313	313,030	235703.	3377117				
·	programs				-100,000					
f	Administrative expenses	280,382	262,230	181,896						
	End of year balance	14,641,191	13,283,246							
	Provide the estimated percentage of the cu				· · ·					
	Board designated or quasi-endowment	2.22 %	(19, (2,//							
	Permanent endowment 78.65 %									
С	Term endowment 19.13 %									
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.								
3a	Are there endowment funds not in the poss	session of the organiza	tion that are held and	administered for the						
	organization by:					Yes No				
	(i) Unrelated organizations?					3a(i) X				
	(ii) Related organizations?					3a(ii) X				
b	If "Yes" on line 3a(ii), are the related organi	izations listed as requir	red on Schedule R?			3b				
4	Describe in Part XIII the intended uses of t	he organization's endo	wment funds.							
Pa	rt VI Land, Buildings, and Eq	•								
	Complete if the organization	<u>n answered "Yes"</u>	on Form 990, Par	<u>rt IV, line 11a. Se</u>	e Form 990, Part	X, line 10.				
	Description of property	(a) Cost or other b	''	1 ') Accumulated	(d) Book value				
		(investment)	(othe	er)	depreciation					
1a	Land			6.073		=				
b	Buildings			6,073	608	5,465				
	Leasehold improvements									
	Equipment									
	Other					F 465				
ı otal	. Add lines 1a through 1e. (Column (d) musi	t equai ⊢orm 990, Part	x, line 10c, column (E	<i>5)))</i>		5 , 465				

Part VII	Investments – Other Securities			Page	
	Complete if the organization answered "Yes" on F (a) Description of security or category	orm 990, Part IV, line	11b. See Form 990, Par (c) Method of val		
	(including name of security)	(b) Book value	Cost or end-of-year market value		
(1) Financial	derivatives				
	eld equity interests	ACTIO	n + n		
(3) Other		GGHO		<i>y</i>	
(D)					
(= \					
(E)					
(C)					
	n (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII	Investments – Program Related Complete if the organization answered "Yes" on F	Form 000 Part IV line	11c Soc Form 000 Port	V line 12	
	(a) Description of investment	(b) Book value	(c) Method of val		
	(4)	(, =====	Cost or end-of-year m		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
	n (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX	Other Assets				
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line	11d. See Form 990, Par		
	(a) Description			(b) Book value	
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (Oates)	(h) more to made Forms 2000. Book V. Proc. 45, and (D))				
Part X	n (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities				
I alt X	Complete if the organization answered "Yes" on I	Form 990. Part IV. line	11e or 11f. See Form 99	0. Part X.	
	line 25.	,		,	
1.	(a) Description of liability			(b) Book value	
	income taxes			61.5	
	s held for others			617,950	
	of use liabilities			17,68	
(4)					
(5) (6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, line 25, col. (B))			635,639	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's fi	nancial statements that reports	the	

1,189,340

00110	date B (1 etti 600) (100: 12 2021) 00 ==================================		- rage i
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ref	urn	
	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	2,952,709
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 498,934		
b	Net unrealized gains (losses) on investments Donated services and use of facilities 2a 498,934 2b		n\/
С	Recoveries of prior year grants		\cup \vee
d	Other (Describe in Part XIII.) 2d 7,258		
е	Add lines 2a through 2d	2e	506,192
3	Subtract line 2e from line 1	3	2,446,517
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	The state of the s		
b	Other (Describe in Part XIII.) 4b 82,834		
	Add lines 4a and 4b	4c	166,688
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,613,205
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	Retur	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,089,665
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 7,258		
е		2e	7,258
3	Subtract line 2e from line 1	3	1,082,407
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b	Other (Describe in Part XIII.) 4b 23,079		
C	Add lines 4a and 4h	4c	106,933

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.

Part V, Line 4 - Intended Uses for Endowment Funds

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

The Foundation has adopted investment and spending policies for endowment assets that attempt to preserve the real purchasing power of the assets, and keeping pacede with inflation in order to sustain the operations and grant policies work together to achieve this objective. The investment policy eestablishes a return objective through diversification of asset classes.

Part X - FIN 48 Footnote

The Foundation recognizes a tax benefit only if it is more likely than not the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized will be the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the more-likely-than-not test, no tax benefit will be recorded. The Foundation has examined this issue and has determined there are no material contingent tax liabilities.

The Foundation's federal and state exempt organization tax returns for 2021, 2022, and 2023 are subject to examination by the Internal Revenue Service and the Indiana Department of Revenue. Returns are generally subject to examination for three years after they are filed.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Schedule D (F		24)Community Information (contil		of Ra	ındolph	35-1903148	Page 5
	Fund Admir					\$	7,258
Agency Part 2	Revenue	Revenue d - Expense	1SDE	3 Ci	ilon	\$	82,834 r 7,258
	III, Line 41 Expense	o - Expense	Amounts In	cludec	l on Retui	rn - Other \$	23,079
•							
•							

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

County Inc		U		UU	$\mathcal{O}_{\mathcal{Y}}$	3	5-1903148
Part I General Information on Grants an	d Assistance						
Does the organization maintain records to substantiate and the selection criteria used to award the grants or a	ssistance?	·					Yes X No
2 Describe in Part IV the organization's procedures for mPart II Grants and Other Assistance to E				averamente Com	anlata if the ara	onization anal	uared "Vee" on Form 000
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient that							refed fes on Form 990,
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government	(D) EIIV	section (if applicable)	qrant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Art Association of Randolph Count	v	(п аррпсаріе)	gram	nonouch decictance	Other)	nondan dasiadina	- c. decistance
115 N Howard St	4						Gen Support/Programs
Union City IN 47390	35-1023414	501c3	11,182				
(2) Ascension St. Vincent Randolph		00200					
473 SE Greenville Ave							General Support
Winchester IN 47394	35-2103153	501c3	17,246				
(3) Preservation Society of Union Cit			-				
101 N Columbi St							General Support
Union City IN 47390	35-1768712	501c3	7,052				
(4) Randolph County United							
123 W Franklin St							Gen Supp/Eclipse
Winchester IN 47394	35-1700491	501c3	22,237				
(5) Randolph County YMCA							
1521 E Washington St							Gen Supp/Programs
Wincester IN 47394	31-1120460	501c3	26,801				
(6) State Line Heritage Days							
313 N Columbia St							Festival
Union City IN 47390	83-4164001	501c3	6,000				
(7) Town of Losantville							
PO Box 186							Community upgrades
Losantville IN 47354	99-5188011	GOV	10,000				
(8) Town of Modoc							
PO Box 29							General Support
Modoc IN 47358	35-1837885	GOV	5,270				
(9) Union City Public Library							
408 N Columbia St							General Support
Union City IN 47390	35-6007174		5,923				
2 Enter total number of section 501(c)(3) and governmen							
3 Enter total number of other organizations listed in the li	ne 1 table						<u></u>

Community Foundation of Randolph

SCHEDULE I (Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Community Foundation County Inc	on of Ran	dolph	HOIT	U 0	DV		Employer identification number 35-1903148		
Part I General Information on Grants and	Assistance								
 Does the organization maintain records to substantiate the and the selection criteria used to award the grants or ass Describe in Part IV the organization's procedures for more 	sistance?nitoring 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.									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) Union Township PO Box 228 Losantville IN 47354	35-1627313	GOV	10,000				Community Needs		
(2) Wesley Methodist Church 515 W Oak St Union City IN 47394	35-6256052	501c3	6,426				General Support		
(3)			,, == 0						
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
 Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the line 									

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.						
1 4.1 4 1.1							
	(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 Scho	olarships	58 15 00	329,207		Dy		
2		_					
3							
4							
5							
6							
7							
Part IV	Supplemental Information. Pro	vide the information r	equired in Part I, line	2; Part III, column (b)); and any other additional	information.	
	mmendations. These reco irectors.	Dimendacions	ire subject t	o approvar by	che Board		
*							
• • • • • • • • • • • • • • • • • • • •							
*							

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

County Inc	35 -1 90	R1 4 R
Form 990, Part VI, Line 11b - Organization's Process to		
The form 990 will be reviewed by the Finance Committee	and then	by the
entire board.	and chen	Dy Cire
CHOILE DOULE.		
Form 990, Part VI, Line 12c - Enforcement of Conflicts	Policy	
Board and committee members are asked about potential	conflicts	Should a
conflict arise, the board member must abstain from par		
confired arise, the board member mast abstain from par	стстрасти	9 •
Form 990, Part VI, Line 19 - Governing Documents Discl	osure Ext	lanation
The documents are kept in the office and are available	to the r	ublic upon
request.		unii upon
2040000		
Form 990, Part XI, Line 9 - Other Changes in Net Asset	s Explana	tion
Agency Fund Admin Fees	Š	7,258
Agency Revenue	Š	-82,834
Agency Fund Admin Fees	s	-7,258
Agency Expense		23,079
Total	Š	-59,755