

JOHN GERLACH & COMPANY LLP
37 W. BROAD ST., STE. 530
COLUMBUS, OH 43215

614-224-2164

July 2, 2009

Muskingum County Community Foundation
534 Putnam Avenue
Zanesville, OH 43701
Attention: Dr. David Mitzel

Dear Dr. Mitzel:

Enclosed is the organization's 2008 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

The return must be signed by a duly authorized officer of the organization before filing.

We recommend that you mail the return using certified mail, with return receipt requested, to provide proof of timely filing.

Sincerley,

T.J. Conger, CPA

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

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

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MUSKINGUM COUNTY COMMUNITY FOUNDATION Doing Business As		D Employer identification number 31-1147022
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 534 PUTNAM AVENUE		E Telephone number 740-453-5192
		City or town, state or country, and ZIP + 4 ZANESVILLE, OH 43701		G Gross receipts \$ 7,781,046.
		F Name and address of principal officer: DR. DAVID MITZEL SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.MCCF.ORG

K Type of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1985 **M State of legal domicile:** OH

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE MUSKINGUM COUNTY COMMUNITY FOUNDATION IS TO IMPROVE THE QUALITY OF LIFE AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of employees (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	125
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	774,984.	2,172,681.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,125,529.	-179,263.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	244,959.	207,067.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,145,472.	2,200,485.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	583,471.	1,415,823.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	249,311.	307,125.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,776.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	610,925.	672,666.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,443,707.	2,395,614.	
19 Revenue less expenses. Subtract line 18 from line 12	701,765.	-195,129.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 19,206,189.	End of Year 15,562,068.
	21 Total liabilities (Part X, line 26)	1,088,663.	1,367,374.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,117,526.	14,194,694.

Part II Signature Block

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

Sign Here ▶ Signature of officer: DR. DAVID MITZEL, EXECUTIVE DIRECTOR Date: _____
 ▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	Phone no. ▶ 614-224-2164	
JOHN GERLACH & COMPANY LLP 37 W. BROAD ST., STE. 530 COLUMBUS, OH 43215			

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: THE MISSION OF THE MUSKINGUM COUNTY COMMUNITY FOUNDATION IS TO IMPROVE THE QUALITY OF LIFE AND SERVE THE CHARITABLE NEEDS OF THE COMMUNITY BY ATTRACTING AND ADMINISTERING CHARITABLE FUNDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 875,852. including grants of \$ 843,865.) (Revenue \$ 23,305.) WE ARE FISCAL AGENTS FOR THE ZANESVILLE HIGH SCHOOL STADIUM RENOVATION PROJECT. THEIR COMMITTEE RAISED SUBSTANTIAL FUNDS, MAINLY VIA PLEDGES, AND TOOK OUT A LOAN FOR THE BALANCE NEEDED FOR THE FIRST PHASE OF THE PROJECT. REVENUE LISTED IS FROM THE SALE OF OLD STADIUM EQUIPMENT (LIGHTS, SOD, ETC).

4b (Code:) (Expenses \$ 434,307. including grants of \$ 252,525.) (Revenue \$ 0.) THE GEAR UP PROGRAM IS FUNDED THROUGH A GRANT GIVEN VIA THE OHIO BOARD OF REGENTS. OUR PROGRAM EXISTS TO IMPROVE THE MATRICULATION RATE OF ZANESVILLE HIGH SCHOOL AND GROVER CLEVELAND MIDDLE SCHOOL STUDENTS TO COLLEGE. IT IS A 6-YEAR GRANT, AND INCLUDES A STAFF OF 4 PEOPLE AS WELL AS SEVERAL TUTORS. THE PROGRAM PAYS FOR EDUCATIONAL MATERIALS, COLLEGE VISITS, SPECIAL PROGRAMS, AND CONTINUING EDUCATION. PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION REGARDING THIS PROGRAM.

4c (Code:) (Expenses \$ 117,233. including grants of \$ 83,143.) (Revenue \$ 3,720.) SCHOLARSHIP CENTRAL IS A PROGRAM DESIGNED TO MAKE COLLEGE ACCESSIBLE TO ALL RESIDENTS OF MUSKINGUM COUNTY. STUDENTS ARE GIVEN A LISTING OF ALL SCHOLARSHIPS WE ARE AWARE OF FOR MUSKINGUM COUNTY RESIDENTS. VISITS ARE MADE TO AREA HIGH SCHOOLS TO EXPLAIN WHAT STUDENTS NEED TO DO TO GET INTO COLLEGE. APPOINTMENTS ARE MADE ON AN AS-NEEDED BASIS TO REVIEW SCHOLARSHIP AND FINANCIAL AID OPPORTUNITIES. THE FUND RETAINS PART OF THE ADMINISTRATIVE FEE CHARGED TO SCHOLARSHIP FUNDS HELD AT MCCF TO KEEP THE PROGRAM RUNNING.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 535,897. including grants of \$ 236,290.) (Revenue \$)

4e Total program service expenses \$ 1,963,289. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
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 9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: OTHER COUNTRY See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		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).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		23
1b	Enter the number of voting members that are independent		23
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
	Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► OH
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 DR. DAVID MITZEL - 740-453-5192
 534 PUTNAM AVENUE, ZANESVILLE, OH 43701

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. DAVID MITZEL EXECUTIVE DIRECTOR	40.00	X				X	92,966.	0.	4,359.	
THOMAS LYALL TRUSTEE/PRESIDENT	2.00	X		X			0.	0.	0.	
RICHARD DUNCAN TRUSTEE/VICE PRESIDENT	2.00	X		X			0.	0.	0.	
TIMOTHY MCLAIN TRUSTEE/TREASURER	2.00	X		X			0.	0.	0.	
STEVEN RANGLES TRUSTEE/SECRETARY	2.00	X		X			0.	0.	0.	
GREG ADAMS TRUSTEE	1.00	X					0.	0.	0.	
STEVE CARTER TRUSTEE	1.00	X					0.	0.	0.	
THOMAS HOLDREN TRUSTEE	1.00	X					0.	0.	0.	
ROBERT JOSEPH TRUSTEE	1.00	X					0.	0.	0.	
MONICA MARTINELLI TRUSTEE	1.00	X					0.	0.	0.	
SUSAN MCDONALD TRUSTEE	1.00	X					0.	0.	0.	
MICHAEL MICHELI TRUSTEE	1.00	X					0.	0.	0.	
D. SCOTT MOYER TRUSTEE	1.00	X					0.	0.	0.	
CARL RAINES TRUSTEE	1.00	X					0.	0.	0.	
DOUGLAS RAMSAY TRUSTEE	1.00	X					0.	0.	0.	
THOMAS SELOCK TRUSTEE	1.00	X					0.	0.	0.	
MICHAEL STEEN TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAN SYLVESTER TRUSTEE	1.00	X						0.	0.	0.
KRISTY SZEMETYLO TRUSTEE	1.00	X						0.	0.	0.
BETH UPTON TRUSTEE	1.00	X						0.	0.	0.
DANIEL VINCENT TRUSTEE	1.00	X						0.	0.	0.
BRIAN WAGNER TRUSTEE	1.00	X						0.	0.	0.
M. DEAN YOUNG TRUSTEE	1.00	X						0.	0.	0.
1b Total								92,966.	0.	4,359.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	38,913.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	246,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1887768.				
	g	Noncash contributions included in lines 1a-1f: \$		97,112.				
	h	Total. Add lines 1a-1f		2,172,681.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		427,335.		427,335.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss)		-606,598.		-606,598.
	8 a	Gross income from fundraising events (not including \$ 38,913. of contributions reported on line 1c). See Part IV, line 18	a	99,798.				
			b	Less: direct expenses		42,709.		
			c	Net income or (loss) from fundraising events		57,089.	57,089.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	ADMINISTRATIVE FEES	541900	144,863.	144,863.				
b	MISCELLANEOUS INCOME	900099	5,115.			5,115.		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		149,978.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,200,485.	201,952.		0.-174,148.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,332,466.	1,332,466.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	83,357.	83,357.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	97,325.	77,859.	9,733.	9,733.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	173,734.	136,034.	34,273.	3,427.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,459.	3,341.	1,016.	102.
9 Other employee benefits	9,551.	7,719.	1,665.	167.
10 Payroll taxes	22,056.	17,403.	3,599.	1,054.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,950.		16,950.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	243,976.		243,976.	
g Other				
12 Advertising and promotion	8,336.	1,961.	5,667.	708.
13 Office expenses	45,226.	19,304.	23,042.	2,880.
14 Information technology				
15 Royalties				
16 Occupancy	10,850.	1,085.	8,680.	1,085.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,673.	20,446.	5,535.	692.
20 Interest	11,206.	11,206.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,591.	9,132.	13,459.	
23 Insurance	2,892.	289.	2,314.	289.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a LEASE TERMINATION	184,075.	184,075.	0.	0.
b CONTRACT SERVICES	49,813.	44,796.	4,460.	557.
c LIFE INSURANCE PREMIUM	21,568.	2,157.	17,254.	2,157.
d OTHER SPECIAL PROJECT &	20,208.	9,539.	9,484.	1,185.
e MISC. FUND EXPENSES	4,929.	493.	3,943.	493.
f All other expenses	3,373.	627.	2,499.	247.
25 Total functional expenses. Add lines 1 through 24f	2,395,614.	1,963,289.	407,549.	24,776.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	35.	1	45.
	2	Savings and temporary cash investments	1,289,334.	2	1,990,789.
	3	Pledges and grants receivable, net	546,602.	3	631,250.
	4	Accounts receivable, net	46,493.	4	39,157.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	191,442.	9	5,184.
	10a	Land, buildings, and equipment: cost basis ...	10a 1,325,332.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 226,157.		
			643,644.	10c	1,099,175.
	11	Investments - publicly traded securities	15,171,239.	11	10,612,108.
	12	Investments - other securities. See Part IV, line 11	832,738.	12	719,251.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	484,662.	15	465,109.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	19,206,189.	16	15,562,068.	
Liabilities	17	Accounts payable and accrued expenses	153.	17	3,968.
	18	Grants payable	150.	18	1,000.
	19	Deferred revenue	167,348.	19	195,187.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	9,825.	23	485,480.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	911,187.	25	681,739.
	26	Total liabilities. Add lines 17 through 25	1,088,663.	26	1,367,374.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,045,868.	27	13,355,898.
	28	Temporarily restricted net assets	1,409,443.	28	838,796.
	29	Permanently restricted net assets	15,662,215.	29	0.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	18,117,526.	33	14,194,694.
	34	Total liabilities and net assets/fund balances	19,206,189.	34	15,562,068.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **MUSKINGUM COUNTY COMMUNITY FOUNDATION** Employer identification number **31-1147022**

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1635788.	1702148.	1187355.	1008850.	1748920.	7283061.
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 - 3	1635788.	1702148.	1187355.	1008850.	1748920.	7283061.
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)						1477843.
6 Public Support. Subtract line 5 from line 4.						5805218.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1635788.	1702148.	1187355.	1008850.	1748920.	7283061.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	612,311.	374,504.	458,211.	537,816.	434,253.	2417095.
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 IV.)	100.	122,426.	2,204.	9,692.	5,115.	139,537.
11 Total support. Add lines 7 through 10						9839693.
12 Gross receipts from related activities, etc. (see instructions)					12	645,122.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	59.00	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	71.53	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

MUSKINGUM COUNTY COMMUNITY FOUNDATION

Employer identification number

31-1147022

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	37	10
2 Aggregate contributions to (during year)	16,535.	14,149.
3 Aggregate grants from (during year)	76,588.	10,645.
4 Aggregate value at end of year	1,003,207.	260,817.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		780,336.		780,336.
b Buildings		293,293.	31,594.	261,699.
c Leasehold improvements		110,734.	69,742.	40,992.
d Equipment		140,969.	124,821.	16,148.
e Other				0.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,099,175.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

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

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

(a) Description of liability	(b) Amount
Federal income taxes	
ANNUITY LIABILITY	89,722.
FUNDS HELD AS AGENCY ENDOWMENTS	592,017.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	681,739.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,200,485.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,395,614.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-195,129.
4	Net unrealized gains (losses) on investments	4	-3,712,419.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-15,284.
9	Total adjustments (net). Add lines 4-8	9	-3,727,703.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-3,922,832.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,928,113.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	75,271.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	652,357.
e	Add lines 2a through 2d	2e	727,628.
3	Subtract line 2e from line 1	3	2,200,485.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,200,485.

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

1	Total expenses and losses per audited financial statements	1	6,850,945.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	75,271.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	4,380,060.
e	Add lines 2a through 2d	2e	4,455,331.
3	Subtract line 2e from line 1	3	2,395,614.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,395,614.

Part XIV Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DECREASE IN CSV OF LIFE INSURANCE

CHANGE IN VALUE OF TRUST AGREEMENTS

SPECIAL FUND-RAISING EVENT DONATED AUCTION ITEMS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES RELATED TO SPECIAL EVENTS NETTED AGAINST INCOME

Part XIV Supplemental Information (continued)

REALIZED LOSS ON SECURITIES

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES RELATED TO SPECIAL EVENTS NETTED AGAINST INCOME

UNREALIZED LOSS ON INVESTMENTS

DECREASE IN CSV OF LIFE INSURANCE

CHANGE IN VALUE OF TRUST AGREEMENTS

REALIZED LOSS ON SECURITIES

Supplemental Information Regarding Fundraising or Gaming Activities

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization MUSKINGUM COUNTY COMMUNITY FOUNDATION Employer identification number 31-1147022

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations e Solicitation of non-government grants
b Email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Blank lines for listing states.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		GROUNDHOG AUCTION (event type)	VASE AUCTION (event type)	6 (total number)		
Revenue	1	Gross receipts	45,651.	31,756.	61,304.	138,711.
	2	Less: Charitable contributions	35,512.	3,401.	0.	38,913.
	3	Gross revenue (line 1 minus line 2)	10,139.	28,355.	61,304.	99,798.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes	195.			195.
	6	Rent/facility costs				
	7	Other direct expenses	39,317.	3,197.	0.	42,514.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(42,709.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				57,089.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **MUSKINGUM COUNTY COMMUNITY FOUNDATION** Employer identification number **31-1147022**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSKINGUM COUNTY ANIMAL SHELTER SOCIETY - 1430 NEWARK ROAD - ZANESVILLE, OH 43701	31-6040909	501(C)(3)	13,580.	0.			GENERAL USE
ARTIST COLONY OF ZANESVILLE 534 PUTNAM AVE. ZANESVILLE, OH 43701	20-2007142	501(C)(3)	6,096.	0.			GENERAL USE
DRESDEN BUSINESS INCUBATOR P.O. BOX 707 DRESDEN, OH 43821	31-1223554	501(C)(3)	6,000.	0.			GENERAL USE
EAST MUSKINGUM SCHOOLS 13505 JOHN GLENN SCHOOL RD NEW CONCORD, OH 43762	31-6402701	501(C)(3)	6,750.	0.			\$250 TO PURCHASE STUDENT UNIFORMS FOR STRINGS QUARTET; \$500 FOR AN ACCOMPANIST AT SCHOOL
EASTSIDE COMMUNITY MINISTRY P.O. BOX 965 ZANESVILLE, OH 43701	31-0952074	501(C)(3)	11,763.	0.			\$6,763 FOR GENERAL USE; \$5,000 TO HIRE A SUMMER INTERN FOR PROGRAMMING & FAMILY NIGHTS.
GENESIS HEALTHCARE FOUNDATION 1135 MAPLE AVE. ZANESVILLE, OH 43701	31-0969646	501(C)(3)	6,587.	0.			GENERAL USE

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **18.**
- 3** Enter total number of other organizations ▶ **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2008

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS AWARDED TO PHILO HIGH SCHOOL GRADUATES ATTENDING COLLEGE FOR NURSING OR EDUCATION	27	32,000.	0.		
SCHOLARSHIPS PROVIDED TO LOCAL MINORITY HIGH SCHOOL GRADUATES MEETING CERTAIN GPA REQUIREMENTS WHO ENROLL IN COLLEGE	17	7,250.	0.		
SCHOLARSHIPS SELECTED BY THE COMMUNITY YOUTH FOUNDATION TO PAY FOR BOOKS	2	500.	0.		
ARTIST AWARD AS SELECTED BY THE BUCCI/DIETZ SELECTION COMMITTEE	2	1,000.	0.		
SCHOLARSHIP AWARDED TO RESIDENT OF PROPERTY OWNED BY ZANESVILLE METROPOLITAN HOUSING AUTHORITY	1	1,000.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 1: MANY OF OUR COMPONENT FUNDS ARE SET UP TO AWARD FUNDS TO LOCAL DOCUMENTED CHARITABLE ORGANIZATIONS ON AN ANNUAL BASIS. FOR COMPETITIVE GRANTS, THE GRANT-SEEKING ORGANIZATION PROVIDES DOCUMENTATION AS TO THEIR CHARITABLE STATUS &/OR THE CHARITABLE NATURE OF THE PROJECT. OUR DISTRIBUTION COMMITTEE MEETS, REVIEWS ALL APPLICATIONS RECEIVED AND RECOMMENDS WHICH PROGRAMS TO FUND, AS WELL AS THE AMOUNT OF FUNDING TO PROVIDE TO EACH RECIPIENT. A YEAR-END REPORT IS REQUIRED FROM EACH GRANTEE TO DOCUMENT PROPER USE OF THE FUNDS AWARDED. SCHOLARSHIP FUNDS FOLLOW SIMILAR PROCEDURES, USING THE APPROPRIATE SELECTION COMMITTEE.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

MUSKINGUM COUNTY COMMUNITY FOUNDATION

Employer identification number

31-1147022

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESIS HEALTHCARE SYSTEM 800 FOREST AVE. ZANESVILLE, OH 43701	31-1629304	501(C)(3)	15,182.	0.			\$12,363 FOR GENERAL USE; 2,819 FOR HOSPITAL EDUCATIONAL PURPOSES
HELEN PURCELL HOME 1854 NORWOOD BLVD. ZANESVILLE, OH 43701	31-4383794	501(C)(3)	13,740.	0.			GENERAL USE
MARKET STREET BAPTIST CHURCH 140 N. SIXTH ST. ZANESVILLE, OH 43701	31-4391224	501(C)(3)	6,072.	0.			GENERAL USE
MUSKINGUM COUNTY SENIOR SERVICES ADVISORY COUNCIL - 1118 W. MAIN ST. - ZANESVILLE, OH 43701	31-0969650	501(C)(3)	12,607.	0.			\$5,300 TO SUPPORT MEALS FOR SENIORS; \$3,000 TO SUPPORT HOUSING FOR SENIORS; \$4,307 GENERAL
MUSKINGUM FAMILY Y 700 MCINTIRE AVE. ZANESVILLE, OH 43701	31-1694045	501(C)(3)	5,512.	0.			\$1,000 - WOMEN OF ACHIEVEMENT; \$4,512 - GENERAL
UNITED WAY OF MUSKINGUM, PERRY & MORGAN COUNTIES - 526 PUTNAM AVE. - ZANESVILLE, OH 43701	31-4379456	501(C)(3)	21,970.	0.			GENERAL USE
THE WILDS 14000 INTERNATIONAL RD. CUMBERLAND, OH 43732	31-1113570	501(C)(3)	12,294.	0.			GENERAL USE
ZANE STATE COLLEGE 1555 NEWARK RD. ZANESVILLE, OH 43701	31-0796550	501(C)(3)	7,298.	0.			\$2,000 FOR A SCHOLARSHIP FUND; \$5,298 FOR GENERAL USE

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

MUSKINGUM COUNTY COMMUNITY FOUNDATION

Employer identification number

31-1147022

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZANES STATE COLLEGE FOUNDATION 1533 NEWARK RD. ZANESVILLE, OH 43701	31-1106338	501(C)(3)	13,640.	0.			\$900 TO BE USED FOR SCHOLARSHIPS & \$12,740 FOR GENERAL USE
ZANESVILLE CITY SCHOOLS 160 N. FOURTH ST. ZANESVILLE, OH 43701	81-6401142	501(C)(3)	6,920.	0.			\$1,836 FOR GENERAL USE; \$3,163 TO PURCHASE PHYSICS LAB EQUIPMENT; \$1,921 FOR CLASS TRIPS
HELP ME GROW 333 PUTNAM AVE. ZANESVILLE, OH 43701	31-6400080	501(C)(3)	6,988.	0.			EXPENSES INCURRED FROM THE PARENTS AS TEACHERS PROGRAM
FRIENDS OF SULSBERGER, INC. 534 PUTNAM AVE. ZANESVILLE, OH 43701	26-2832096	501(C)(3)	875,832.	0.			TO RENOVATE SULSBERGER STADIUM

2 Enter total number of Section 501(c)(3) and government organizations **3**
3 Enter total number of other organizations **30**

Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS AWARDED TO STUDENTS OF OHIO UNIVERSITY-ZANESVILLE OR MUSKINGUM COLLEGE	2.	1,757.	0.		
SCHOLARSHIPS AWARDED TO "AVERAGE" STUDENTS OF MUSKINGUM COUNTY	18.	18,500.	0.		
SCHOLARSHIPS AWARDED TO WEST MUSKINGUM HIGH SCHOOL GRADUATES	6.	3,000.	0.		
SCHOLARSHIPS AWARDED TO MORGAN COUNTY RESIDENTS	9.	3,400.	0.		
SCHOLARSHIPS AWARDED TO OHIO UNIVERSITY ZANESVILLE STUDENTS BASED UPON HIGH SCHOOL GPA	2.	2,950.	0.		
SCHOLARSHIP AWARDED TO STUDENT WITH HIGHEST ACT SCORE FROM ST. JOHN'S CENTRAL HIGH SCHOOL	1.	1,000.	0.		
SCHOLARSHIP AWARDED TO A HOCKING COLLEGE STUDENT ENROLLED IN THE FOOTHILLS ART SCHOOL GLASS PROGRAM	1.	1,000.	0.		
SCHOLARSHIPS AWARDED TO STUDENTS WHO HAVE OVERCOME GREAT ADVERSITY	2.	1,000.	0.		
SCHOLARSHIP AWARDED TO THE ZANESVILLE HIGH SCHOOL SENIOR WINNER OF THE ART DEPARTMENT AWARD	1.	500.	0.		

Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS AWARDED TO MUSKINGUM COUNTY RESIDENTS PURSUING TEACHING DEGREES	1.	1,000.	0.		
SCHOLARSHIP AWARDED TO GRADUATE(S) OF COLUMBUS GROVE HIGH SCHOOL ATTENDING OSC-LIMA OR LIMA TECHNICAL COLLEGE	1.	500.	0.		
SCHOLARSHIPS AWARDED TO RESIDENTS OF MUSKINGUM & SURROUNDING COUNTIES	12.	7,000.	0.		

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: EAST MUSKINGUM SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$250 TO PURCHASE STUDENT UNIFORMS FOR STRINGS QUARTET; \$500 FOR AN ACCOMPANIST AT SCHOOL CONCERTS; \$6,000 TO BE SPLIT EQUALLY BETWEEN CHOIR, BAND, AND ORCHESTRA

NAME OF ORGANIZATION OR GOVERNMENT:

MUSKINGUM COUNTY SENIOR SERVICES ADVISORY COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,300 TO SUPPORT MEALS FOR SENIORS; \$3,000 TO SUPPORT HOUSING FOR SENIORS; \$4,307 GENERAL USE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

MUSKINGUM COUNTY COMMUNITY FOUNDATION

Employer identification number

31-1147022

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVE THE CHARITABLE NEEDS OF THE COMMUNITY BY ATTRACTING AND ADMINISTERING CHARITABLE FUNDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS RELATED TO PROVIDING GRANTS FOR CHARITABLE PURPOSES.

NUMEROUS INDIVIDUALS BENEFIT FROM THE SERVICES RENDERED BY THE CHARITABLE ORGANIZATION.

EXPENSES \$ 535897. INCLUDING GRANTS OF \$ 236290. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990 WAS PROVIDED TO EACH TRUSTEE PRIOR TO THE BOARD MEETING IN WHICH IT WAS BROUGHT FOR APPROVAL & AFTER WHICH IT WAS FILED. THE BOARD CONSIDERS QUESTIONS AND COMMENTS FROM EACH TRUSTEE AT THE MEETING PRIOR TO FILING THE FORM 990. ANY CHANGES TO THE 990 THAT ARE APPROVED AT THE BOARD MEETING ARE INCORPORATED IN THE DOCUMENT BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: IN ADDITION TO AN ANNUAL DISCLOSURE, THE TRUSTEES ARE ASKED AT THE BEGINNING OF EACH BOARD MEETING IF THERE ARE AGENDA ITEMS THAT WOULD PLACE THEM IN A CONFLICT SITUATION. THOSE ARE SO NOTED IN THE MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES AND TRUSTEES WITH POTENTIAL CONFLICTS RECUSE THEMSELVES FROM VOTING WHEN THERE IS A POTENTIAL CONFLICT. THE SAME PROCEDURE IS APPLIED DURING MEETINGS OF THE DISTRIBUTION COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR - THE EXECUTIVE

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

MUSKINGUM COUNTY COMMUNITY FOUNDATION

Employer identification number

31-1147022

DIRECTOR IS EVALUATED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE IS SUBMITTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. THE PROCESS INCLUDES THE REVIEW OF THE COUNCIL OF FOUNDATION'S SURVEY STUDIES. THE EXECUTIVE COMMITTEE MAKES ITS DETERMINATION IN THE FALL FOR THE UPCOMING YEAR AND THE BOARD OF TRUSTEES VOTES IN JANUARY OF THE YEAR OF THE PROPOSED NEW COMPENSATION.

OTHER OFFICERS OR KEY EMPLOYEES - NONE OF THE OTHER OFFICERS ARE COMPENSATED. KEY EMPLOYEES ARE EVALUATED BY THE EXECUTIVE DIRECTOR. THE COMPENSATION PACKAGE IS THEN APPROVED BY THE BOARD OF TRUSTEES AT ITS FALL MEETING. THE EXECUTIVE DIRECTOR UTILIZES THE COUNCIL ON FOUNDATION'S SALARY STUDY IN SETTING THE LEVEL OF COMPENSATION AND BENEFITS. NONE OF THE KEY EMPLOYEES IN 2008 HAS REPORTABLE COMPENSATION FOR THE FORM 990.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE FINANCE & ADMINISTRATIVE COMMITTEE COORDINATES THE SELECTION OF THE INDEPENDENT AUDITORS AND REVIEWS THEIR PERFORMANCE FOR RETENTION PURPOSES. THE COMMITTEE ALSO REVIEWS THE ANNUAL AUDIT AND PRESENTS IT TO THE BOARD FOR FINAL APPROVAL.

FORM 990, PART III, LINE 4B & FORM 990, PART IX, COLUMN B EXPENSES:

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

MUSKINGUM COUNTY COMMUNITY FOUNDATION

Employer identification number

31-1147022

GEAR UP PROGRAM - ADDITIONAL INFORMATION:

INCLUDED IN THE FOUNDATION'S PROGRAM SERVICE ACCOMPLISHMENTS AND PROGRAM SERVICE EXPENSES IS THE GEAR UP PROGRAM. ALTHOUGH THIS PROGRAM FULFILLS THE ORGANIZATION'S EXEMPT PURPOSE OF IMPROVING THE QUALITY OF LIFE AND SERVING THE CHARITABLE NEEDS OF THE COMMUNITY, IT IS A SPECIAL PROGRAM OF THE FOUNDATION. THE PROGRAM IS FEDERALLY FUNDED THROUGH THE STATE OF OHIO. GEAR UP IS AN ACRONYM FOR "GAINING EARLY AWARENESS AND READINESS FOR UNDERGRADUATE PROGRAMS." THE 2008 YEAR REPRESENTS THE FOURTH YEAR OF THIS SIX-YEAR PROGRAM.

AS NOTED, GEAR UP IS A SPECIAL PROGRAM AND, THUS, IS NOT REFLECTIVE OF THE CORE, TRADITIONAL PROGRAMMING OF THE ORGANIZATION. AS NOTED IN PART III, LINE 4B, THE PROGRAM'S EXPENDITURES TOTALED \$434,307 FOR THE YEAR, CONSISTING OF \$252,525 IN GRANTS GIVEN AND \$181,782 IN PROGRAM OPERATING COSTS. THESE PROGRAM OPERATING COSTS ARE INCLUDED IN VARIOUS COLUMN B PROGRAM EXPENSE ITEMS IN PART IX, ACCOUNTING FOR \$122,679 IN COMPENSATION AND RELATED EXPENSES, \$21,842 IN CONTRACT SERVICES, \$14,088 IN OFFICE EXPENSES, AND \$23,173 IN OTHER PROGRAMMING EXPENSES.

THE FOUNDATION CHOSE TO OPERATE GEAR UP AS PART OF ITS MISSION TO SAVE ADDITIONAL OPERATING COSTS OF THE PROGRAM. IF THE FOUNDATION HAD CREATED A SEPARATE ORGANIZATION TO RUN THE PROGRAM, ADDITIONAL COSTS WOULD HAVE BEEN INCURRED TO ADMINISTER THE PROGRAM (SUCH AS INCORPORATION COSTS, FILING FEES, AND PROFESSIONAL SERVICE FEES).

THESE ADDITIONAL COSTS WOULD HAVE DECREASED THE FUNDS AVAILABLE TO SERVE THE INTENT OF THE PROGRAM, SPECIFICALLY TO AID THE EDUCATION OF

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

MUSKINGUM COUNTY COMMUNITY FOUNDATION

Employer identification number

31-1147022

STUDENTS WITHIN MUSKINGUM COUNTY.

Multiple horizontal lines for providing supplemental information.

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization MUSKINGUM COUNTY COMMUNITY FOUNDATION	Employer identification number 31-1147022
--	---

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
MCCF LIMITED - 32-0042157 534 PUTNAM AVENUE ZANESVILLE, OH 43701	CHARITABLE - TO HOLD DONATED REAL ESTATE RECEIVED BY THE FOUNDATION	OHIO	0.	304,345.	MUSKINGUM COUNTY COMMUNITY FOUNDATION
MCCF II, LLC - 30-0283871 534 PUTNAM AVENUE ZANESVILLE, OH 43701	CHARITABLE - TO HOLD DONATED REAL ESTATE RECEIVED BY THE FOUNDATION	OHIO	0.	475,991.	MUSKINGUM COUNTY COMMUNITY FOUNDATION

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of- year assets	(F) Dispropor- tionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES											
87	FILE ORGANIZER	050902	SL	5.00	16	367.			367.	367.		0.
88	LARGE OFFICE DESK	082102	SL	7.00	16	220.			220.	167.		31.
89	INTEL D850 COMPUTER	090402	SL	7.00	16	1,209.			1,209.	921.		173.
90	INTEL D845 COMPUTER	090402	SL	7.00	16	779.			779.	593.		111.
91	TOSH LAPTOP COMPUTER	090402	SL	7.00	16	1,678.			1,678.	1,279.		240.
92	KDS 19" MONITOR	090402	SL	7.00	16	199.			199.	151.		28.
94	HP LASERJET 1	090402	SL	7.00	16	379.			379.	289.		54.
95	HP PSC750 PRINTER	090402	SL	7.00	16	269.			269.	205.		38.
96	PANASONIC 27" TV	082002	SL	7.00	16	230.			230.	175.		33.
99	KDS 17" MONITOR	090402	SL	7.00	16	129.			129.	98.		18.
100	EMERSON VCR	082002	SL	7.00	16	50.			50.	38.		7.
103	3 REFURBISHED COMPUTERS (SCHCEN)	092503	SL	5.00	16	524.			524.	446.		78.
110	SKU 558450 PROJECTOR (SCHCEN)	122204	200DB	5.00	17	700.		350.	350.	278.		72.
111	CANON DIGITAL CAMERA (SCHCEN)	122204	SL	5.00	16	500.			500.	300.		141.
113	BUILDING IMPROVEMENTS	093004	SL	39.50	16	268,790.			268,790.	22,136.		6,805.
119	DELL LAPTOPS	031906	SL	5.00	16	2,222.			2,222.	777.		444.
124	2 LAPTOP COMPUTERS (GEAR UP)	050107	200DB	5.00	17	1,840.			1,840.	368.		337.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
126	LG DISPLAY/DRY ERASE BOARD	020708	SL	5.00	16	672.			672.			134.
127	DELL ATHLON TM 64 LAPTOP	062408	SL	5.00	16	776.			776.			91.
128	DELL COMPUTER WITH MONITOR (CLACY)	121008	SL	5.00	16	682.			682.			11.
129	ABI PHONE SYSTEM, PHONES AND VOICEMAIL	022806	SL	5.00	16	2,000.			2,000.	733.		286.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					284,215.		350.	283,865.	29,321.	0.	9,132.
	MANAGEMENT AND GENERAL											
1	SEC'Y WOO	090189	SL	5.00	16	310.			310.	310.		0.
2	CREDENZA	090189	SL	5.00	16	275.			275.	275.		0.
3	2 BLACK T	090189	SL	5.00	16	216.			216.	216.		0.
4	PANOSONIC	090190	SL	7.00	16	979.			979.	979.		0.
5	SHARP FAX	070491	SL	7.00	16	1,495.			1,495.	1,495.		0.
6	PAPER CUT	041191	SL	7.00	16	34.			34.	34.		0.
7	MISC DESK	121691	SL	7.00	16	70.			70.	70.		0.
8	BOOKCASE	120291	SL	7.00	16	60.			60.	60.		0.
9	4 COMDREL	012092	SL	5.00	16	2,042.			2,042.	2,042.		0.
10	EXEC BOOK	021892	SL	7.00	16	497.			497.	497.		0.
11	QUEEN ANN	011392	SL	7.00	16	500.			500.	500.		0.
12	CREDENZA	111894	SL	5.00	16	697.			697.	697.		0.

2008 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
13	NPO SOFTWARE	111495	SL	5.00	16	3,985.			3,985.	3,985.		0.
14	R & R COMPUTER	111495	SL	5.00	16	4,556.			4,556.	4,556.		0.
15	NPO SOFTWARE	112195	SL	5.00	16	7,970.			7,970.	7,970.		0.
16	NPO SOFTWARE	122195	SL	5.00	16	3,985.			3,985.	3,985.		0.
17	486-DX2 C	123094	SL	5.00	16	2,853.			2,853.	2,853.		0.
18	SHOW CASE FOR ART WORK	121096	SL	7.00	16	3,340.			3,340.	3,340.		0.
19	PENTIUM II NEC COMPUTER	123197	SL	5.00	16	2,048.			2,048.	2,048.		0.
20	17" COLOR MONITOR	102098	SL	7.00	16	329.			329.	329.		0.
21	BATTERY BACKUP	102098	SL	7.00	16	169.			169.	169.		0.
22	HEWETT PACKARD LASER PRINTER	102098	SL	7.00	16	459.			459.	459.		0.
23	PUTNAM COMPUTER	022599	ADS	7.00	17	3,832.			3,832.	3,832.		0.
24	FIMS SOFTWARE	031999	ADS	5.00	17	4,868.			4,868.	4,868.		0.
25	PUTNAM COMPUTER	062299	ADS	5.00	17	1,538.			1,538.	1,538.		0.
26	NPO SOLUTIONS	080199	ADS	5.00	17	6,743.			6,743.	6,743.		0.
27	PENTIUM II WORKSTATION	062299	ADS	5.00	17	1,489.			1,489.	1,489.		0.
28	FURNITURE	040599	ADS	7.00	17	699.			699.	699.		0.
29	FURNITURE	040599	ADS	7.00	17	390.			390.	390.		0.
30	DESKS	050799	ADS	7.00	17	7,010.			7,010.	7,010.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
316	FOLDING CHAIRS	072299	ADS	5.00	17	528.			528.	528.		0.
3224	DELUXE STACK CHAIRS	072299	ADS	5.00	17	864.			864.	864.		0.
33	FURNITURE	091799	ADS	7.00	17	4,710.			4,710.	4,710.		0.
3412	STACK CHAIRS	101299	ADS	5.00	17	432.			432.	432.		0.
3510	BANQUET TABLES	101599	ADS	7.00	17	288.			288.	288.		0.
36	STAINED GLASS WINDOW	030899	ADS	15.00	17	1,200.			1,200.	680.		80.
37	LANDSCAPING	062399	ADS	15.00	17	2,990.			2,990.	1,694.		199.
38	LANDSCAPING	062699	ADS	15.00	17	390.			390.	221.		26.
39	ROD IRON FENCE	051999	ADS	15.00	17	2,133.			2,133.	1,209.		142.
40	CONCRETE PARKING LOT	062499	ADS	15.00	17	6,400.			6,400.	3,627.		427.
41	OVAL WINDOW	062499	ADS	5.00	17	125.			125.	125.		0.
42	PICTURE RAILINGS	062499	ADS	15.00	17	574.			574.	325.		38.
43	WOOD SHELVING	062499	ADS	15.00	17	433.			433.	246.		29.
44	LANDSCAPING	071499	ADS	15.00	17	520.			520.	295.		35.
45	BLDG IMPROVEMENT	062499	ADS	15.00	17	478.			478.	271.		32.
462	FRONT ENTRY	072299	ADS	15.00	17	1,500.			1,500.	850.		100.
47	FRONT ENTRY	072299	ADS	15.00	17	300.			300.	170.		20.
483	ENTRY DOORS	072299	ADS	15.00	17	1,275.			1,275.	723.		85.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
492	BACK DOOR	072299	ADS	15.00	17	600.			600.	340.		40.
50	IRRIGATION SYSTEM	080399	ADS	15.00	17	9,000.			9,000.	5,100.		600.
51	TOP SOIL	080499	ADS	15.00	17	260.			260.	147.		17.
52	BACK STAIR RAILING	101899	ADS	15.00	17	2,267.			2,267.	1,284.		151.
53	OAK SHUTTERS	121399	ADS	15.00	17	1,680.			1,680.	952.		112.
54	3 FT TABLE - RAY THOMAS	080599	ADS	7.00	17	122.			122.	122.		0.
55	8 FT TABLE	080599	ADS	7.00	17	326.			326.	326.		0.
56	PLAQUE DEDICATION	080599	ADS	7.00	17	500.			500.	500.		0.
57	GLASS ARTIFACTS	080599	ADS	7.00	17	500.			500.	500.		0.
58	CHERRY BOARD TABLE	091099	ADS	7.00	17	10,570.			10,570.	10,570.		0.
59	RECEPTIONIST DESK	120899	ADS	7.00	17	1,980.			1,980.	1,980.		0.
60	LANDSCAPING	070199	ADS	15.00	17	15,000.			15,000.	8,500.		1,000.
61	FENCE	123199	ADS	15.00	17	7,000.			7,000.	3,967.		467.
62	LANDSCAPING	070199	ADS	15.00	17	1,600.			1,600.	907.		107.
63	BLDG ARCHITECT PLANS	060799	ADS	15.00	17	20,000.			20,000.	11,333.		1,333.
64	WOOD TRIM	060799	ADS	15.00	17	300.			300.	170.		20.
65	OUTDOOR WIRES	060799	ADS	15.00	17	500.			500.	283.		33.
66	OAK FRAME SUN TUB	060799	ADS	15.00	17	125.			125.	70.		8.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
67	MISC CONSTRUCTION	060799	ADS	15.00	17	6,916.			6,916.	3,919.		461.
68	CARPETING	060799	ADS	15.00	17	10,875.			10,875.	6,163.		756.
69	AIR SUPPLY BLOWER	060799	ADS	15.00	17	400.			400.	227.		27.
70	WOOD TRIM	060799	ADS	15.00	17	6,620.			6,620.	3,751.		441.
71	ADOBE SOFTWARE	062800	SL	5.00	16	288.			288.	288.		0.
72	PENTIUM III COMPUTER	092600	SL	5.00	16	2,107.			2,107.	2,107.		0.
73	HP2100 LASER PRINTER	092600	SL	5.00	16	975.			975.	975.		0.
74	BOARD ROOM CABINET	012400	SL	7.00	16	4,660.			4,660.	4,660.		0.
75	BOARD ROOM CHAIRS	061600	SL	5.00	16	785.			785.	785.		0.
76	MCCF SCULPTRE	081000	SL	7.00	16	200.			200.	200.		0.
77	REMAINING 1/2 OF OAK SHUTTERS	031600	SL	15.00	16	1,680.			1,680.	868.		112.
78	STEREO	010100	SL	15.00	16	400.			400.	214.		27.
79	KESSLER SIGN	011400	SL	15.00	16	5,000.			5,000.	2,666.		334.
80	H20 METER/INSTALL	072000	SL	15.00	16	97.			97.	47.		6.
81	HAND RAIL	100500	SL	15.00	16	2,000.			2,000.	966.		134.
82	REMOTE WATER ME	101200	SL	15.00	16	97.			97.	46.		6.
83	AOC MONITOR (AOS'S)	071001	SL	7.00	16	219.			219.	203.		16.
84	OAK TABLE (AD'S OFFICE)	080601	SL	7.00	16	400.			400.	367.		33.

2008 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
85	5 OAK CHAIRS (AD'S OFFICE)	081601	SL	7.00	16	150.			150.	137.		13.
86	DRAPERIES	110501	SL	5.00	16	1,621.			1,621.	1,621.		0.
93	RUTH'S COMPUTER	110202	SL	7.00	16	1,069.			1,069.	789.		153.
97	SERVER BACKUP	110202	SL	7.00	16	89.			89.	66.		13.
98	NORTON ANTIVIRUS	121902	SL	7.00	16	420.			420.	300.		84.
101	PRINTER FOR DPM	030703	SL	5.00	16	116.			116.	112.		4.
102	HP SCANJET 7400	073003	SL	5.00	16	609.			609.	538.		71.
104	OFFICE DESK (BD ROOM)	102403	SL	7.00	16	150.			150.	89.		21.
105	OAK MAP CHEST	010903	SL	7.00	16	500.			500.	357.		71.
106	ELECTRIC RANGE	050103	SL	7.00	16	360.			360.	240.		51.
107	BOOKSHELF - DPM'S OFFICE	090303	SL	7.00	16	350.			350.	217.		50.
108	ADOBE PAGEMAKER	050103	SL	3.00	16	168.			168.	168.		0.
109	XEON FILE SERVER & INSTALLATION	072104	SL	5.00	16	3,419.			3,419.	2,337.		684.
112	DPM'S LAPTOP COMPUTER	123004	SL	5.00	16	1,699.			1,699.	1,020.		508.
114	PURE BUILDING	093004	SL	39.50	16	24,500.			24,500.	2,016.		620.
115	SERVER-WINDOWS XP PRO SOFTWARE	011405200DB	3.00	17		2,000.			2,000.	1,852.		148.
116	DELL COMPUTER	041105200DB	5.00	17		629.			629.	448.		126.
117	WINDOWS FOR SERVER	060505200DB	3.00	17		614.			614.	569.		45.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
118	ABI PHONE SYSTEM, PHONES AND VOICEMAIL	022806	SL	5.00	16	3,400.			3,400.	1,247.		485.
120	SHARP COPIERMX-3501N - CAPITAL LEASE	092006	SL	5.00	16	14,291.			14,291.	3,573.		2,858.
121	DONATED LAND (BUILDING) (FORMER WHI	013106	NC	.000		189,600.			189,600.			0.
122	DONATED LAND (FORMERLY WHITE CHEVROLET)	013106	L			47,400.			47,400.			0.
123	WHITE CHEVY DEMOLITION COSTS	092507	NC	.000		67,345.			67,345.			0.
125	ARMCO PARK (LAND)	042408	L			475,991.			475,991.			0.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					1041117.		0.	1041117.	173,895.	0.	13,459.
	* GRAND TOTAL 990 PAGE 10 DEPR					1325332.		350.	1324982.	203,216.	0.	22,591.

Depreciation and Amortization 990
 (Including Information on Listed Property)

2008
 Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **MUSKINGUM COUNTY COMMUNITY FOUNDATION**
 Business or activity to which this form relates: **FORM 990 PAGE 10**
 Identifying number: **31-1147022**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	15,077.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	7,514.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	22,591.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details

27 Property used 50% or less in a qualified business use: Table with columns for percentage and S/L -

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and personal use availability

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with rows 37-41 regarding policy statements and requirements, and Yes/No columns

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2008 tax year: Table with columns for percentage and other details

43 Amortization of costs that began before your 2008 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization MUSKINGUM COUNTY COMMUNITY FOUNDATION	Employer identification number 31-1147022
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 534 PUTNAM AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ZANESVILLE, OH 43701	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

DR. DAVID MITZEL

- The books are in the care of ▶ **534 PUTNAM AVENUE - ZANESVILLE, OH 43701**
 Telephone No. ▶ **740-453-5192** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2008** or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.