

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)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 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"/> Terminated return <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		D Employer identification number
		MUSKINGUM COUNTY COMMUNITY FOUNDATION		31-1147022
		Doing Business As		E Telephone number
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		740-453-5192
534 PUTNAM AVENUE		G Gross receipts \$	4,530,743.	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)	
ZANESVILLE, OH 43701		H(c) Group exemption number		
F Name and address of principal officer: DR. DAVID MITZEL SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.MCCF.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of employees (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,172,681.	958,969.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-179,263.	-521,080.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	207,067.	181,469.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,200,485.	619,358.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,415,823.	1,016,737.
	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)	307,125.	204,598.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	27,737.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	672,666.	425,623.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,395,614.	1,646,958.	
19 Revenue less expenses. Subtract line 18 from line 12	-195,129.	-1,027,600.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 15,562,068.	End of Year 17,788,257.
	21 Total liabilities (Part X, line 26)	1,367,374.	1,368,060.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,194,694.	16,420,197.

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	Date		
	DR. DAVID MITZEL, EXECUTIVE DIRECTOR			
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	JOHN GERLACH & COMPANY LLP 37 W. BROAD ST., STE. 530 COLUMBUS, OH 43215		EIN
	Phone no.		614-224-2164	

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

Part III Statement of Program Service Accomplishments

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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 \$ 98,365. including grants of \$ 62,016.) (Revenue \$) 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.

4b (Code:) (Expenses \$ 309,568. including grants of \$ 309,568.) (Revenue \$) 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 \$ 35,771. including grants of \$ 0.) (Revenue \$) THE COMMUNITY FOUNDATION DEDICATED 50% OF THE TIME OF AN EMPLOYEE TO WORK WITH A LOCAL COMMITTEE TO DEVELOP A PLAN (STRUCTURAL, PROGRAMMATIC & FUNDRAISING) TO BRING A RECREATION CENTER TO MUSKINGUM COUNTY. THIS INITIATIVE WAS FUNDED WITH GIFTS, AND OCCURRED THROUGHOUT PART OF 2008 AND ALL OF 2009, BUT HAS SINCE BEEN SUSPENDED.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 752,462. including grants of \$ 645,153.) (Revenue \$)

4e Total program service expenses ► \$ 1,196,166.

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school 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 United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12b regarding IRS filings, employee counts, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (24), 1b Enter the number of voting members that are independent (24), 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), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b 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? (), 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. (), 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), 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.
[X] Own website [X] Another's website [X] 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: DAVID P. 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 current officer, director, or trustee.

(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			
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.	
DAN SYLVESTER 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			
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.
JIM LEPI TRUSTEE	1.00	X						0.	0.	0.
MARK MITCHELL TRUSTEE	1.00	X						0.	0.	0.
DR. DAVID MITZEL EXECUTIVE DIRECTOR	40.00			X	X			102,932.	0.	4,593.
1b Total								102,932.	0.	4,593.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. **NONE**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	38,383.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	246,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	674,586.				
	g	Noncash contributions included in lines 1a-1f: \$		30,063.				
	h	Total. Add lines 1a-1f			958,969.			
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)		389,062.			389,062.	
	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)				
	8 a	Gross income from fundraising events (not including \$ 38,383. of contributions reported on line 1c). See Part IV, line 18	a	51,596.				
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events		25,802.	25,802.	
	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	149,965.	149,965.				
b	MISCELLANEOUS INCOME	900099	5,702.			5,702.		
c								
d	All other revenue							
e	Total. Add lines 11a-11d			155,667.				
12	Total revenue. See instructions.			619,358.	175,767.	0.	-515,378.	

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	942,837.	942,837.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	73,900.	73,900.		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	107,525.	86,019.	10,753.	10,753.
7 Other salaries and wages	76,267.	34,321.	38,133.	3,813.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,178.	980.	1,089.	109.
9 Other employee benefits	3,892.	1,751.	1,946.	195.
10 Payroll taxes	14,736.	6,631.	7,368.	737.
11 Fees for services (non-employees):				
a Management				
b Legal	230.	23.	184.	23.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	236,685.		236,685.	
g Other	17,500.		17,500.	
12 Advertising and promotion	3,720.	372.	2,976.	372.
13 Office expenses	27,631.	2,763.	22,105.	2,763.
14 Information technology				
15 Royalties				
16 Occupancy	12,522.	1,252.	10,018.	1,252.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,640.	1,164.	9,312.	1,164.
20 Interest	28,730.	28,730.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,402.	8,867.	12,535.	
23 Insurance	3,328.	333.	2,662.	333.
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 LIFE INSURANCE PREMIUM	32,482.	3,248.	25,986.	3,248.
b OTHER SPECIAL PROJECT &	11,721.	1,172.	9,377.	1,172.
c CONTRACT SERVICES	11,141.	1,114.	8,913.	1,114.
d MISC. FUND EXPENSES	3,502.	350.	2,802.	350.
e DUES & SUBSCRIPTIONS	2,048.	205.	1,638.	205.
f All other expenses	1,341.	134.	1,073.	134.
25 Total functional expenses. Add lines 1 through 24f	1,646,958.	1,196,166.	423,055.	27,737.
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)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	45.	1	53.
	2	Savings and temporary cash investments	1,990,789.	2	1,281,476.
	3	Pledges and grants receivable, net	631,250.	3	446,918.
	4	Accounts receivable, net	39,157.	4	34,151.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,184.	9	5,426.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,323,357.		
	b	Less: accumulated depreciation	10b 237,393.	10c 1,099,175.	1,085,964.
	11	Investments - publicly traded securities	10,612,108.	11	13,819,347.
	12	Investments - other securities. See Part IV, line 11	719,251.	12	784,385.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	465,109.	15	330,537.
16	Total assets. Add lines 1 through 15 (must equal line 34)	15,562,068.	16	17,788,257.	
Liabilities	17	Accounts payable and accrued expenses	3,968.	17	1,065.
	18	Grants payable	1,000.	18	8,567.
	19	Deferred revenue	195,187.	19	143,623.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	485,480.	23	401,456.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	681,739.	25	813,349.
	26	Total liabilities. Add lines 17 through 25	1,367,374.	26	1,368,060.
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	13,355,898.	27	16,023,887.
	28	Temporarily restricted net assets	838,796.	28	396,310.
	29	Permanently restricted net assets		29	
	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	14,194,694.	33	16,420,197.
34	Total liabilities and net assets/fund balances	15,562,068.	34	17,788,257.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

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: (For lines 1 through 11, check only one box.)

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(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 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1702148.	1076230.	774,984.	1805729.	958,969.	6318060.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1702148.	1076230.	774,984.	1805729.	958,969.	6318060.
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)						960,847.
6 Public support. Subtract line 5 from line 4.						5357213.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1702148.	1076230.	774,984.	1805729.	958,969.	6318060.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	374,504.	471,323.	543,451.	427,335.	389,062.	2205675.
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.)	122,426.	8,907.	9,692.	5,115.	5,702.	151,842.
11 Total support. Add lines 7 through 10						8675577.
12 Gross receipts from related activities, etc. (see instructions)					12	984,525.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	61.75 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	59.00 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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	14
2 Aggregate contributions to (during year)	9,180.	6,833.
3 Aggregate grants from (during year)	55,420.	44,763.
4 Aggregate value at end of year	1,049,135.	334,683.
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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 tax year ▶ _____

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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?	3b	

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) Accumulated depreciation	(d) Book value
1a Land		780,336.		780,336.
b Buildings		293,293.	38,982.	254,311.
c Leasehold improvements		108,759.	66,862.	41,897.
d Equipment		140,969.	131,549.	9,420.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,085,964.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Includes a Total row at the bottom.

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

Table with 2 columns: (a) Description, (b) Book value. Includes a Total row at the bottom.

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

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include Federal income taxes, ANNUITY LIABILITY, FUNDS HELD AS AGENCY ENDOWMENTS, and a Total row.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	619,358.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,646,958.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,027,600.
4	Net unrealized gains (losses) on investments	4	3,215,606.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	37,497.
9	Total adjustments (net). Add lines 4 through 8	9	3,253,103.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,225,503.

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	3,996,567.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,215,606.
b	Donated services and use of facilities	2b	82,055.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	74,715.
e	Add lines 2a through 2d	2e	3,372,376.
3	Subtract line 2e from line 1	3	624,191.
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	-4,833.
c	Add lines 4a and 4b	4c	-4,833.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	619,358.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,771,064.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	82,055.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	42,051.
e	Add lines 2a through 2d	2e	124,106.
3	Subtract line 2e from line 1	3	1,646,958.
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 must equal Form 990, Part I, line 18.)	5	1,646,958.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN CASH SURRENDER OF LIFE INSURANCE: 48921.

CHANGE IN VALUE OF TRUST AGREEMENTS: -11424.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN CASH SURRENDER OF LIFE INSURANCE: 48921.

SPECIAL EVENT EXPENSES NETTED AGAINST INCOME: 25794.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS: -4833.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF TRUST AGREEMENTS: 11424.

LOSS ON DISPOSAL OF ASSETS: 4833.

FUNDRAISING EXPENSES INCLUDED ON STATEMENT OF REVENUE: 25794.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ 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 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
Total				▶		

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2009

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	EARL BRUCE DINNER	6		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	48,152.	14,167.	27,660.	89,979.
	2	Less: Charitable contributions	38,383.	0.	0.	38,383.
	3	Gross income (line 1 minus line 2)	9,769.	14,167.	27,660.	51,596.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	11,376.	5,818.	8,600.	25,794.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(25,794)
11	Net income summary. Combine line 3, column (d), and line 10				25,802.	

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	Noncash 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 line 1, column (d), and line 7			

	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	

		Yes	No								
13 Indicate the percentage of gaming activity operated in: <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;">a The organization's facility</td> <td style="width: 10%; text-align: center;">13a</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td>b An outside facility</td> <td style="text-align: center;">13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	a The organization's facility	13a		%	b An outside facility	13b		%			
a The organization's facility	13a		%								
b An outside facility	13b		%								
14 Enter 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?	15a										
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 of the third party: Name ▶ _____ Address ▶ _____											
16 Gaming manager information: Name ▶ _____ Gaming manager compensation ▶ \$ _____ Description of services provided ▶ _____ _____ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a										
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____											

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

OMB No. 1545-0047

2009

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

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)	12,868.	0.			GENERAL SUPPORT
EASTSIDE COMMUNITY MINISTRY P.O. BOX 965 ZANESVILLE, OH 43701	31-0952074	501(C)(3)	8,128.	0.			GENERAL SUPPORT
GENESIS HEALTHCARE FOUNDATION 1135 MAPLE AVE. ZANESVILLE, OH 43701	31-0969646	501(C)(3)	6,675.	0.			GENERAL SUPPORT
GENESIS HEALTHCARE SYSTEM 800 FOREST AVE. ZANESVILLE, OH 43701	31-1629304	501(C)(3)	34,383.	0.			GENERAL SUPPORT
HELEN PURCELL HOME 1854 NORWOOD BLVD. ZANESVILLE, OH 43701	31-4383794	501(C)(3)	21,300.	0.			GENERAL SUPPORT
MARKET STREET BAPTIST CHURCH 140 N. SIXTH ST. ZANESVILLE, OH 43701	31-4391224	501(C)(3)	6,413.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations **20.**
- 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) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and 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	31	21,500.	0.		
SCHOLARSHIPS AWARDED TO RESIDENTS OF PERRY OR MORGAN COUNTIES, PURSUING A CAREER IN VISUAL OR GRAPHIC ARTS.	1	1,000.	0.		
SCHOLARSHIPS PROVIDED TO LOCAL MINORITY HIGH SCHOOL GRADUATES MEETING CERTAIN GPA REQUIREMENTS WHO ENROLL IN COLLEGE.	14	5,500.	0.		
SCHOLARSHIPS SELECTED BY THE COMMUNITY YOUTH FOUNDATION TO PAY FOR BOOKS.	1	250.	0.		
ARTIST AWARD AS SELECTED BY THE BUCCI/DIETZ SELECTION COMMITTEE.	2	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 2: 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
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(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 SENIOR SERVICES ADVISORY COUNCIL - 1118 W. MAIN ST. - ZANESVILLE, OH 43701	31-0969650	501(C)(3)	19,185.	0.			GENERAL SUPPORT AND ASSISTANCE TO NEEDY SENIORS.
MUSKINGUM FAMILY Y 700 MCINTIRE AVE. ZANESVILLE, OH 43701	31-1694045	501(C)(3)	13,895.	0.			GENERAL SUPPORT
UNITED WAY OF MUSKINGUM, PERRY & MORGAN COUNTIES - 526 PUTNAM AVE. - ZANESVILLE, OH 43701	31-4379456	501(C)(3)	12,141.	0.			GENERAL SUPPORT
THE WILDS 14000 INTERNATIONAL RD. CUMBERLAND, OH 43732	31-1113570	501(C)(3)	13,556.	0.			GENERAL SUPPORT
ZANE STATE COLLEGE 1555 NEWARK RD. ZANESVILLE, OH 43701	31-0796550	501(C)(3)	8,050.	0.			SCHOLARSHIP ASSISTANCE AND GENERAL SUPPORT
ZANES STATE COLLEGE FOUNDATION 1533 NEWARK RD. ZANESVILLE, OH 43701	31-1106338	501(C)(3)	13,612.	0.			GENERAL SUPPORT AND BUILDING PROJECT
HELP ME GROW 333 PUTNAM AVE. ZANESVILLE, OH 43701	31-6400080	501(C)(3)	22,451.	0.			GENERAL SUPPORT
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE. CLEVELAND, OH 44195	91-2153073	501(C)(3)	10,000.	0.			SUPPORT RESEARCH TO FIND A CURE FOR MACULAR DEGENERATION & OTHER DISEASES OF THE EYE

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

Schedule I-1 (Form 990) 2009

**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
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(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
GRACE UNITED METHODIST CHURCH 516 SHINNICK STREET ZANESVILLE, OH 43701	31-4414086	501(C)(3)	5,120.	0.			GENERAL SUPPORT
MUSKINGUM UNIVERSITY 163 STORMONT STREET NEW CONCORD, OH 43762	31-4379515		6,253.	0.			TO AWARD SCHOLARSHIP ASSISTANCE AND GENERAL SUPPORT
THE OHIO STATE UNIVERSITY FOUNDATION - 709 FAWCETT CENTER - COLUMBUS, OH 43210	31-1145986	501(C)(3)	39,936.	0.			SUPPORT RESEARCH TO FIND A CURE FOR MACULAR DEGENERATION AND OTHER DISEASES OF THE EYE
OHIO UNIVERSITY - ZANESVILLE 1425 NEWARK ROAD ZANESVILLE, OH 43701	31-6402113	501(C)(3)	9,222.	0.			TO AWARD SCHOLARSHIP ASSISTANCE AND GENERAL SUPPORT
PREVENT BLINDNESS OHIO 1500 W. THIRD AVENUE, SUITE 300 COLUMBUS, OH 43212	36-3667121	501(C)(3)	22,924.	0.			SUPPORT RESEARCH TO FIND A CURE FOR MACULAR DEGENERATION AND OTHER DISEASES OF THE EYE
ZANESVILLE CHURCH OF CHRIST 4900 WEST PIKE ZANESVILLE, OH 43701	31-1361725	501(C)(3)	40,811.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Individuals in the United States (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 ATTENDING AN INSTITUTION OF HIGHER EDUCATION, WHO ATTENDED COLLEGE NIGHT	11.	2,750.	0.		
SCHOLARSHIP AWARDED TO AN OUZ MINORITY STUDENT.	2.	600.	0.		
SCHOLARSHIPS AWARDED TO STUDENTS BASED ON HIGH SCHOOL ACCOMPLISHMENTS & ACT SCORES.	7.	6,000.	0.		
SCHOLARSHIPS AWARDED TO "AVERAGE" STUDENTS OF MUSKINGUM COUNTY.	27.	26,500.	0.		
SCHOLARSHIPS AWARDED TO MORGAN COUNTY RESIDENTS.	10.	5,500.	0.		
SCHOLARSHIP AWARDED TO A STUDENT INTENDING TO PURSUE A CAREER IN THE PUBLIC ARENA.	1.	500.	0.		
SCHOLARSHIPS AWARDED TO MUSKINGUM COUNTY RESIDENTS PURSUING TEACHING DEGREES.	2.	1,300.	0.		
SCHOLARSHIP AWARDED TO ZHS SENIOR RECEIVING WORLD LANGUAGE DEPT. AWARD.	1.	500.	0.		
SCHOLARSHIP AWARDED TO ST. JOHN'S HIGH OR ST. CLAIRSVILLE HIGH STUDENT FROM MAYNARD, OHIO WITH HIGHEST ACT SCORE.	1.	1,000.	0.		

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	9,411.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	243	20,652.	SALES PROCEEDS
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** 0

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

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31** X

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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 \$ 752462. INCLUDING GRANTS OF \$ 645153. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: BEFORE THE BOARD MEETING, EACH
MEMBER OF THE FINANCE & ADMINISTRATION COMMITTEE RECEIVES A DRAFT COPY OF
THE RETURN AND MEETS TO REVIEW/DISCUSS IT. UPON COMMITTEE APPROVAL, THE
DOCUMENT IS MADE AVAILABLE TO THE ENTIRE BOARD. THE BOARD THEN VOTES TO
ACCEPT THE DOCUMENT, UPON COMMITTEE RECOMMENDATION.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST STATEMENTS,
COMPLETED BY EACH BOARD MEMBER, ARE REVIEWED ANNUALLY. IF A CONFLICT IS
NOTED, THE BOARD PRESIDENT, VICE PRESIDENT, AND EXECUTIVE DIRECTOR MEET TO
AGREE UPON A PLAN OF ACTION.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF MCCF
MEETS ANNUALLY TO SET SALARIES FOR THE UPCOMING YEAR. THEY HAVE SALARY
HISTORIES, PERFORMANCE REVIEWS, AND THE MOST RECENT SURVEY OBTAINED FROM
THE COUNCIL ON FOUNDATIONS (COF) ANNUAL SALARY & BENEFITS SURVEY AT THEIR
DISPOSAL FOR THIS MEETING. COMMITTEE RECOMMENDATIONS ARE THEN TAKEN TO THE

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MUSKINGUM COUNTY COMMUNITY FOUNDATION

Employer identification number

31-1147022

FULL BOARD FOR APPROVAL.

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 2009 HAS REPORTABLE COMPENSATION FOR THE FORM 990.

FORM 990, PART VI, SECTION C, LINE 18: THE FORMS 990 AND 1023 ARE
AVAILABLE UPON REQUEST. FURTHER, THE FORM 990 IS AVAILABLE VIA THE
ORGANIZATION'S WEBSITE AND ANOTHER'S WEBSITE, WWW.GUIDESTAR.ORG.

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. AUDITED FINANCIAL STATEMENTS ARE PROVIDED ON OUR WEBSITE.

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. THIS
PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.

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

GEAR UP PROGRAM - ADDITIONAL INFORMATION:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MUSKINGUM COUNTY COMMUNITY FOUNDATION

Employer identification number

31-1147022

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 2009 YEAR REPRESENTS THE
FIFTH 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 \$309,568 FOR THE
YEAR, CONSISTING OF \$309,568 IN GRANTS GIVEN.

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
STUDENTS WITHIN MUSKINGUM COUNTY.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2009
Open to Public
Inspection**

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

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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 (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) 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 (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		

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 (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

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
- 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization MUSKINGUM COUNTY COMMUNITY FOUNDATION	Employer identification number 31-1147022
	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 |

DAVID P. 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, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year **2009** 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.