

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

614-224-2164

July 21, 2014

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

Dear Dr. Mitzel:

Enclosed is the organization's 2013 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

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

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

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

Sincerley,

T.J. Conger, CPA

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____, 20____

2013

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Name of exempt organization

Employer identification number

MUSKINGUM COUNTY COMMUNITY FOUNDATION

31-1147022

Name and title of officer

**DR. DAVID MITZEL
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2812303</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **JOHN GERLACH & COMPANY LLP** to enter my PIN **70220**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31044527881
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **JOHN GERLACH & COMPANY LLP** Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

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

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 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 <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MUSKINGUM COUNTY COMMUNITY FOUNDATION		D Employer identification number 31-1147022
	Doing Business As		E Telephone number 740-453-5192
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 8,347,824.
	534 PUTNAM AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code ZANESVILLE, OH 43701		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
F Name and address of principal officer: DR. DAVID MITZEL SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
	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)	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	23
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	6
	6 Total number of volunteers (estimate if necessary)	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	-4,305.
	b Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 891,596. Current Year 876,324.
	9 Program service revenue (Part VIII, line 2g)	175,790. 189,414.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	956,436. 1,699,954.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,278. 46,611.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,030,100. 2,812,303.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,592,877. 678,855.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	254,090. 221,134.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,774.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	448,956. 644,345.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,295,923. 1,544,334.
19 Revenue less expenses. Subtract line 18 from line 12	-265,823. 1,267,969.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 22,308,503. End of Year 27,632,045.
	21 Total liabilities (Part X, line 26)	1,033,343. 4,655,087.
	22 Net assets or fund balances. Subtract line 21 from line 20	21,275,160. 22,976,958.

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 Use Only	Print/Type preparer's name	Preparer's signature	Date
	T.J. CONGER, CPA		
	Firm's name ▶ JOHN GERLACH & COMPANY LLP	Firm's EIN ▶ 31-4419361	Check if self-employed <input type="checkbox"/>
	Firm's address ▶ 37 W. BROAD ST., STE. 530 COLUMBUS, OH 43215	Phone no. 614-224-2164	PTIN P00068140

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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? [X] Yes [] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 203,036. including grants of \$ 135,760.) (Revenue \$ 37,613.) THE COMMUNITY FOUNDATION AGAIN DEDICATED TIME OF CERTAIN STAFF 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. IT STOPPED IN EARLY 2010, BUT STARTED AGAIN LATER IN THE YEAR & IN 2012 MET THE FUNDRAISING GOAL TO BRING THIS NEW FACILITY TO MUSKINGUM COUNTY. WE CLOSED THE LOAN IN 2013. THE FACILITY OPENED IN SPRING OF 2014.

4b (Code:) (Expenses \$ 142,008. including grants of \$ 94,955.) (Revenue \$ 26,307.) THE COMMUNITY FOUNDATION OPERATED THE SCHOLARSHIP CENTRAL PROGRAM TO ASSIST LOCAL STUDENTS AND THEIR FAMILIES TO PREPARE FOR COLLEGE. THIS PROGRAM PLACED 4 OHIO COLLEGE GUIDES IN LOCAL HIGH SCHOOLS VIA THE AMERICORPS PROGRAM, HELD A "COLLEGE NIGHT" COLLEGE INFORMATIONAL EVENT, GAVE PRESENTATIONS TO LOCAL STUDENTS, MET WITH STUDENTS & THEIR PARENTS TO ASSIST WITH SCHOLARSHIP SEARCHES, COLLEGE APPLICATION & STUDENT AID FORM PREPARATION.

4c (Code:) (Expenses \$ 22,430. including grants of \$ 14,998.) (Revenue \$ 4,155.) THE COMMUNITY FOUNDATION BEGAN WORKING IN AN EFFORT TO BUILD CHARACTER IN LOCAL MIDDLE SCHOOL STUDENTS IN 2013. CURRICULUM WAS PURCHASED, TEACHERS & THE SCHOOL PRINCIPAL WERE TRAINED ON THE VARIOUS ASPECTS OF CHARACTER DEVELOPMENT. A TUTOR WAS HIRED TO WORK WITH STUDENTS AS NEEDED THROUGHOUT THE SCHOOL.

4d Other program services (Describe in Schedule O.) (Expenses \$ 654,998. including grants of \$ 433,142.) (Revenue \$ 121,339.)

4e Total program service expenses 1,022,472.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with Yes/No columns and input fields.

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	23		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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.)

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

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY MCLAIN TRUSTEE/PRESIDENT	2.00	X		X				0.	0.	0.
(2) GREG ADAMS TRUSTEE/VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) STEVEN RANGLES TRUSTEE/SECRETARY	2.00	X		X				0.	0.	0.
(4) MICHAEL STEEN TRUSTEE/TREASURER	2.00	X		X				0.	0.	0.
(5) MATT ELLI TRUSTEE	1.00	X						0.	0.	0.
(6) THOMAS HOLDREN TRUSTEE	1.00	X						0.	0.	0.
(7) MELANIE IMLAY TRUSTEE	1.00	X						0.	0.	0.
(8) JIM LEPI TRUSTEE	1.00	X						0.	0.	0.
(9) MONICA MARTINELLI TRUSTEE	1.00	X						0.	0.	0.
(10) SUSAN MCDONALD TRUSTEE	1.00	X						0.	0.	0.
(11) MICHAEL MICHELI TRUSTEE	1.00	X						0.	0.	0.
(12) RYAN MOYER TRUSTEE	1.00	X						0.	0.	0.
(13) D. SCOTT MOYER TRUSTEE	1.00	X						0.	0.	0.
(14) PAT NASH TRUSTEE	1.00	X						0.	0.	0.
(15) DOUGLAS RAMSAY TRUSTEE	1.00	X						0.	0.	0.
(16) ALANA RYAN TRUSTEE	1.00	X						0.	0.	0.
(17) SUSAN STUBBINS 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAN SYLVESTER TRUSTEE	1.00	X					0.	0.	0.	
(19) BETH UPTON TRUSTEE	1.00	X					0.	0.	0.	
(20) DANIEL VINCENT TRUSTEE	1.00	X					0.	0.	0.	
(21) BRIAN WAGNER TRUSTEE	1.00	X					0.	0.	0.	
(22) GERALDINE ZYLINSKY TRUSTEE	1.00	X					0.	0.	0.	
(23) CYF PRESIDENT TRUSTEE	1.00		X				0.	0.	0.	
(24) DR. DAVID MITZEL EXECUTIVE DIRECTOR	40.00			X			106,795.	0.	4,547.	
1b Sub-total							106,795.	0.	4,547.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							106,795.	0.	4,547.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	5,772.				
	b	Membership dues					
	c	Fundraising events	44,631.				
	d	Related organizations					
	e	Government grants (contributions)	35,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	790,921.				
	g	Noncash contributions included in lines 1a-1f: \$	49,322.				
	h	Total. Add lines 1a-1f	876,324.				
	Program Service Revenue	2 a	ADMINISTRATIVE FEES	189,414.	189,414.		
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	189,414.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	607,441.			607,441.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	6,605,319.			
		Less: cost or other basis and sales expenses	(ii) Other	5,512,806.			
		Gain or (loss)		1,092,513.			
		Net gain or (loss)		1,092,513.			1,092,513.
	8 a	Gross income from fundraising events (not including \$ 44,631. of contributions reported on line 1c). See Part IV, line 18		36,128.			
		Less: direct expenses		22,715.			
		Net income or (loss) from fundraising events		13,413.			13,413.
	9 a	Gross income from gaming activities. See Part IV, line 19					
Less: direct expenses							
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances						
	Less: cost of goods sold						
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue							
11 a	MISCELLANEOUS INCOME	900099	37,503.			37,503.	
	PASS-THROUGH INCOME	525990	-4,305.		-4,305.		
	All other revenue						
	Total. Add lines 11a-11d			33,198.			
12	Total revenue. See instructions.		2,812,303.	189,414.	-4,305.	1,750,870.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	555,671.	555,671.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	123,184.	123,184.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,342.	89,074.	11,134.	11,134.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	78,523.	35,335.	39,262.	3,926.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,868.	1,291.	1,434.	143.
9 Other employee benefits	6,379.	2,871.	3,189.	319.
10 Payroll taxes	22,022.	12,769.	7,743.	1,510.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	310,541.		310,541.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	32,491.	1,109.	30,273.	1,109.
12 Advertising and promotion	6,124.	612.	4,900.	612.
13 Office expenses	28,202.	2,819.	22,562.	2,821.
14 Information technology	26,418.	2,642.	21,134.	2,642.
15 Royalties				
16 Occupancy	7,180.	718.	5,744.	718.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,722.	272.	2,178.	272.
20 Interest	158,249.	158,249.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,916.	16,456.	13,460.	
23 Insurance	4,112.	411.	3,290.	411.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	16,832.	16,832.		
b UNITRUST EXPENSE	14,100.	1,410.	11,280.	1,410.
c DUES & SUBSCRIPTIONS	3,798.	380.	3,038.	380.
d SPECIAL PROJECT EXPENSE	2,138.	214.	1,710.	214.
e All other expenses	1,522.	153.	1,216.	153.
25 Total functional expenses. Add lines 1 through 24e	1,544,334.	1,022,472.	494,088.	27,774.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	4,212,879.	2	934,364.
	3 Pledges and grants receivable, net	1,091,625.	3	868,884.
	4 Accounts receivable, net	60,948.	4	45,888.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	7,182,500.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,333.	9	1,459.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,472,427.		
	b Less: accumulated depreciation	10b 301,506.	10c	1,170,921.
	11 Investments - publicly traded securities	15,431,770.	11	16,995,821.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	50,965.
	15 Other assets. See Part IV, line 11	346,941.	15	381,243.
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,308,503.	16	27,632,045.	
Liabilities	17 Accounts payable and accrued expenses	19,399.	17	15,677.
	18 Grants payable	250.	18	1,787.
	19 Deferred revenue		19	4,750.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	107,447.	23	3,674,720.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	906,247.	25	958,153.
	26 Total liabilities. Add lines 17 through 25	1,033,343.	26	4,655,087.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	20,246,777.	27	22,180,813.
	28 Temporarily restricted net assets	1,028,383.	28	796,145.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	21,275,160.	33	22,976,958.	
34 Total liabilities and net assets/fund balances	22,308,503.	34	27,632,045.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,812,303.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,544,334.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,267,969.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,275,160.
5	Net unrealized gains (losses) on investments	5	408,388.
6	Donated services and use of facilities	6	67,327.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-41,886.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,976,958.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form 990 (2013)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization MUSKINGUM COUNTY COMMUNITY FOUNDATION	Employer identification number 31-1147022
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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 - Non-functionally integrated
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	958,969.	3379002.	3036278.	868,520.	876,324.	9119093.
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	958,969.	3379002.	3036278.	868,520.	876,324.	9119093.
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)						1579983.
6 Public support. Subtract line 5 from line 4.						7539110.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	958,969.	3379002.	3036278.	868,520.	876,324.	9119093.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	389,062.	431,447.	454,490.	520,794.	607,441.	2403234.
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.)	5,702.	24,406.	6,993.	3,712.	37,503.	78,316.
11 Total support. Add lines 7 through 10						11600643.
12 Gross receipts from related activities, etc. (see instructions)					12	1,022,687.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	64.99 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	69.28 %
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Form with multiple sections: 1 Purpose(s) of conservation easements (checkboxes for various types); 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution; 3-9 Questions about monitoring, expenses, and reporting of 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.

Form with 2 main sections: 1a and 1b Questions about reporting works of art, historical treasures, or other similar assets; 2 Question about reporting amounts for works of art, historical treasures, or other similar assets.

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

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

(check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		858,116.		858,116.
b Buildings		354,536.	71,003.	283,533.
c Leasehold improvements		115,645.	97,151.	18,494.
d Equipment		144,130.	133,352.	10,778.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,170,921.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY LIABILITY	81,081.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	877,072.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	958,153.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,336,174.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	408,388.
b	Donated services and use of facilities	2b	67,327.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	50,690.
e	Add lines 2a through 2d	2e	526,405.
3	Subtract line 2e from line 1	3	2,809,769.
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 XIII.)	4b	2,534.
c	Add lines 4a and 4b	4c	2,534.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,812,303.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,634,376.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	67,327.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	22,715.
e	Add lines 2a through 2d	2e	90,042.
3	Subtract line 2e from line 1	3	1,544,334.
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 XIII.)	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	1,544,334.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EXPLANATION: THE FOUNDATION HAS ADOPTED THE PROVISIONS OF THE FASB ASC RELATING TO UNCERTAIN TAX POSITIONS. THE FOUNDATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN CASH SURRENDER OF LIFE INSURANCE	32,384.
CHANGE IN VALUE TRUST AGREEMENTS	14,001.
PASS-THROUGH INCOME	4,305.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	50,690.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED WITH INCOME 2,534.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED WITH INCOME 22,715.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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 (event type)	RUN4GRANT (event type)	NONE (total number)	
Revenue	1 Gross receipts	29,863.	22,964.		52,827.
	2 Less: Contributions	29,747.	8,634.		38,381.
	3 Gross income (line 1 minus line 2)	116.	14,330.		14,446.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,202.			1,202.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,434.	3,965.		15,399.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				16,601.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-2,155.

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))
		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. Subtract line 7 from line 1, column (d)					

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? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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)	10,000.	0.			GENERAL SUPPORT
EASTSIDE COMMUNITY MINISTRY P.O. BOX 965 ZANESVILLE, OH 43701	31-0952074	501(C)(3)	9,854.	0.			GENERAL SUPPORT
GENESIS HEALTHCARE FOUNDATION 1135 MAPLE AVE. ZANESVILLE, OH 43701	31-0969646	501(C)(3)	9,954.	0.			GENERAL SUPPORT
GENESIS HEALTHCARE SYSTEM 800 FOREST AVE. ZANESVILLE, OH 43701	31-1629304	501(C)(3)	31,498.	0.			GENERAL SUPPORT
MUSKINGUM FAMILY Y 1861 ADAMS LANE ZANESVILLE, OH 43701	31-1694045	501(C)(3)	7,879.	0.			GENERAL SUPPORT
THE OHIO STATE UNIVERSITY FOUNDATION - 660 ACKERMAN RD., 6TH FLOOR - COLUMBUS, OH 43202	31-1145986	501(C)(3)	18,000.	0.			SUPPORT RESEARCH TO FIND A CURE FOR MACULAR DEGENERATION AND OTHER DISEASES OF THE EYE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **22.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) (2013)

Part II 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
FRANKLIN LOCAL SCHOOL DISTRICT P.O. BOX 428 DUNCAN FALLS, OH 43734	31-6400478	501(C)(3)	5,746.	0.			SUPPORT; GENERAL AND FOR FOOTBALL STADIUM RENOVATION
GRACE UNITED METHODIST CHURCH 516 SHINNICK STREET ZANESVILLE, OH 43701	31-4414086	501(C)(3)	29,494.	0.			GENERAL SUPPORT
ALSAC/ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 1335 DUBLIN RD, SUITE 100B - COLUMBUS, OH 43215	62-0646012	501(C)(3)	5,000.	0.			FOR DISCOVER THE DREAM EVENT
BOWLING GREEN STATE UNIVERSITY OFFICE OF THE BURSAR - BGSU BOWLING GREEN, OH 43403		501(C)(3)	5,500.	0.			SCHOLARSHIPS & GENERAL OPERATING SUPPORT
FRAZEYSBURG REVITALIZATION ASSOCIATION - PO BOX 448 - FRAZEYSBURG, OH 43822	31-1272911	501(C)(3)	5,737.	0.			GENERAL OPERATING SUPPORT
MARKET STREET BAPTIST CHURCH 140 N. SIXTH ST. ZANESVILLE, OH 43701	31-4391224	501(C)(3)	5,904.	0.			GENERAL OPERATING SUPPORT
MUSKINGUM UNIVERSITY 163 STORMONT ST. NEW CONCORD, OH 43762	31-4379515	501(C)(3)	7,826.	0.			GENERAL OPERATING SUPPORT, SCHOLARSHIPS & SUPPORT OF THE SUMMER MUSIC & THEATRE CAMP
OHIO UNIVERSITY-ZANESVILLE 1425 NEWARK RD. ZANESVILLE, OH 43701	31-6402113	501(C)(3)	5,213.	0.			GENERAL OPERATING SUPPORT & SCHOLARSHIPS
THE WILDS 14000 INTERNATIONAL RD. CUMBERLAND, OH 43732	31-1113570	501(C)(3)	10,063.	0.			GENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II 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
THE WOMEN'S FUND OF CENTRAL OHIO 2323 WEST FIFTH AVE. SUITE 230 COLUMBUS, OH 43204	31-1784310	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT & SUPPORT FOR THE ABC PARTNERSHIP FOR WOMEN
UNITED WAY OF MUSKINGUM, PERRY & MORGAN COUNTIES - 526 PUTNAM AVE. - ZANESVILLE, OH 43701	31-4379456	501(C)(3)	18,011.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX PO BOX 78807 MILWAUKEE, WI 53278-0807	27-0618216	501(C)(3)	20,000.	0.			RESEARCH CONCERNING MACULAR DEGENERATION & OTHER DISEASES OF THE EYE
VILLAGE OF DRESDEN 904 CHESTNUT ST. PO BOX 539 DRESDEN, OH 43821		501(C)(3)	28,479.	0.			GENERAL OPERATING SUPPORT
ZANE STATE COLLEGE FOUNDATION 1555 NEWARK RD. ZANESVILLE, OH 43701	31-1106338	501(C)(3)	11,577.	0.			GENERAL OPERATING SUPPORT & SCHOLARSHIPS
ZANE STATE COLLEGE 1555 NEWARK RD. ZANESVILLE, OH 43701	31-0796550	501(C)(3)	20,687.	0.			GENERAL OPERATING SUPPORT, BUILDING CAMPAIGN & SCHOLARSHIPS
ZANESVILLE MUSEUM OF ART 620 MILITARY RD. ZANESVILLE, OH 43701	31-0828429	501(C)(3)	5,496.	0.			GENERAL OPERATING SUPPORT & SUMMER POTTERY EXHIBIT SUPPORT

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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.	17	25,163.	0.		
SCHOLARSHIPS PROVIDED TO MUSKINGUM COUNTY RESIDENTS ATTENDING AN ACCREDITED 2 YEAR OR 4 YEAR COLLEGE, UNIVERSITY, OR TECHNICAL COLLEGE.	29	16,150.	0.		
SCHOLARSHIPS PROVIDED TO LOCAL MINORITY HIGH SCHOOL GRADUATES MEETING CERTAIN GPA REQUIREMENTS WHO ENROLL IN COLLEGE.	33	14,250.	0.		
SCHOLARSHIPS AWARDED TO 2013 GRADUATING HIGH SCHOOL SENIORS PURSUING POST SECONDARY EDUCATION.	10	10,000.	0.		
ARTIST AWARD AS SELECTED BY THE BUCCI/DIETZ SELECTION COMMITTEE.	2	1,000.	0.		

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

PART I, LINE 2:

EXPLANATION: 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

Part III 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.	3.	1,000.	0.		
SCHOLARSHIPS AWARDED TO STUDENTS OF ZANESVILLE/MUSKINGUM COUNTY SCHOOLS WHO ARE MIDDLE INCOME & ARE ATHLETES OF BOWLING, GOLF OR SOFTBALL.	1.	1,000.	0.		
SCHOLARSHIPS AWARDED TO STUDENTS GRADUATING FROM THE MAYSVILLE SCHOOL DISTRICT.	1.	500.	0.		
SCHOLARSHIPS AWARDED TO "AVERAGE" STUDENTS OF MUSKINGUM COUNTY.	44.	37,500.	0.		
SCHOLARSHIPS AWARDED TO MORGAN COUNTY RESIDENTS.	15.	7,850.	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.	900.	0.		
SCHOLARSHIPS AWARDED TO STUDENTS LIVING IN ZANESVILLE METROPOLITAN HOUSING.	1.	1,000.	0.		
SCHOLARSHIPS AWARDED TO MUSKINGUM COUNTY RESIDENTS WITH A GPA OF AT LEAST 3.0, FOR THE PURCHASE OF SCHOLARSHIPS AWARDED TO MUSKINGUM COUNTY RESIDENTS WITH A GPA OF AT LEAST 3.0, FOR THE PURCHASE OF	1.	250.	0.		

Part III 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 WEST MUSKINGUM AND WATERFORD HIGH SCHOOL GRADUATES.	2.	2,000.	0.		
SCHOLARSHIPS AWARDED TO 3RD OR 4TH YEAR MINORITY OUZ STUDENTS.	1.	500.	0.		
SCHOLARSHIPS AWARDED TO GRADUATES OF WEST MUSKINGUM HIGH SCHOOL.	1.	1,000.	0.		
ASSISTANCE TO SENIORS IN NEED.	19.	2,621.	0.		

Part IV Supplemental Information

SIMILAR PROCEDURES, USING THE APPROPRIATE SELECTION COMMITTEE.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: SCHOLARSHIPS AWARDED TO MUSKINGUM COUNTY RESIDENTS WITH A GPA OF AT LEAST 3.0, FOR THE PURCHASE OF SCHOLARSHIPS AWARDED TO MUSKINGUM COUNTY RESIDENTS WITH A GPA OF AT LEAST 3.0, FOR THE PURCHASE OF TEXTBOOKS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
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	X	1	30,000.	PROCEEDS FROM SALE
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	213	19,322.	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 Acknowledgement **29**

	Yes	No
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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

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:

EXPLANATION: THE MUSKINGUM COUNTY COMMUNITY FOUNDATION ADMINISTERS
CHARITABLE FUNDS, INCLUDING SCHOLARSHIPS WHICH BENEFIT OUR LOCAL
COMMUNITY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: THE COMMUNITY FOUNDATION BEGAN WORKING IN AN EFFORT TO
BUILD CHARACTER IN LOCAL MIDDLE SCHOOL STUDENTS IN 2013. CURRICULUM
WAS PURCHASED, TEACHERS & THE SCHOOL PRINCIPAL WERE TRAINED ON THE
VARIOUS ASPECTS OF CHARACTER DEVELOPMENT. A TUTOR WAS HIRED TO WORK
WITH STUDENTS AS NEEDED THROUGHOUT THE SCHOOL.

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 \$ 654,998. INCLUDING GRANTS OF \$ 433,142. REVENUE \$ 121,339.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FIRM PREPARING OUR 990 PROVIDES A DRAFT COPY OF THE
DOCUMENT TO MCCF TWO WEEKS PRIOR TO THE BOARD MEETING AT WHICH THE BOARD
WILL REVIEW THE FORM 990. EACH MEMBER OF THE FINANCE & ADMINISTRATION
COMMITTEE RECEIVES A COPY OF THE DOCUMENT & MEETS TO REVIEW/DISCUSS IT.
ANY QUESTIONS ARE REFERRED TO THE FIRM WHICH PREPARED THE DOCUMENT. UPON
COMMITTEE APPROVAL, THE DOCUMENT IS MADE AVAILABLE TO THE ENTIRE BOARD.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

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

THE BOARD THEN VOTES TO ACCEPT THE DOCUMENT, UPON COMMITTEE RECOMMENDATION.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: 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:

EXPLANATION: 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 FULL BOARD FOR APPROVAL.

OTHER OFFICERS - NONE OF THE OTHER OFFICERS ARE COMPENSATED.

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: 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:

EXPLANATION: AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS & CONFLICT OF INTEREST POLICIES ARE ALL PROVIDED ON OUR WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN CASH SURRENDER OF LIFE INSURANCE	32,384.
CHANGE IN THE VALUE OF TRUST AGREEMENTS	14,001.

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

PASS-THROUGH INCOME NOT RECORDED	4,305.
FUNDRAISING EXPENSES NETTED WITH INCOME	-2,534.
IN KIND AND SCH G INCLUDED IN FINANCIAL STATEMENT EXPENSES	-90,042.
TOTAL TO FORM 990, PART XI, LINE 9	-41,886.

FORM 990, PART XII, LINE 2C: THE FINANCE & ADMINISTRATIVE COMMITTEE

EXPLANATION: 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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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.	508,114.	MUSKINGUM COUNTY COMMUNITY FOUNDATION
MCCF III, LLC - 45-2460500 534 PUTNAM AVENUE ZANESVILLE, OH 43701	CHARITABLE - TO HOLD DONATED REAL ESTATE RECEIVED BY THE FOUNDATION	OHIO	0.	74,580.	MUSKINGUM COUNTY COMMUNITY FOUNDATION
WOODEN BUILDING LTD 534 PUTNAM AVENUE ZANESVILLE, OH 43701	CHARITABLE - TO HOLD DONATED REAL ESTATE RECEIVED BY THE FOUNDATION	OHIO	0.	224,610.	MUSKINGUM COUNTY COMMUNITY FOUNDATION

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. MUSKINGUM COUNTY COMMUNITY FOUNDATION	Employer identification number (EIN) or 31-1147022
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 534 PUTNAM AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ZANESVILLE, OH 43701	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2013** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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