Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: MUSKINGUM COUNTY COMMUNITY FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: P. O. BOX 3042

City or town, state or country, and ZIP + 4: ZANESVILLE, OH 43701

D Employer identification number: 31-1147022

E Telephone number: 740-453-5192

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

G Website: ▶WWW.MCCF.ORG

J **Organization type** (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 9,112,840.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

			(A) Securities		(B) Other		
Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Contributions to donor advised funds		1a	328,486.		
	b	Direct public support (not included on line 1a)		1b	738,134.		
	c	Indirect public support (not included on line 1a)		1c			
	d	Government contributions (grants) (not included on line 1a)		1d	246,660.		
	e	**Total** (add lines 1a through 1d) (cash $ 1,297,535. noncash $ 15,745.)				1e	1,313,280.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	
	5	Dividends and interest from securities				5	471,323.
	6 a	Gross rents		6a			
	b	Less: rental expenses		6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a				6c	
	7	Other investment income (describe ▶)				7	
	8 a	Gross amount from sales of assets other than inventory	6,988,833.	8a	124,624.		
	b	Less: cost or other basis and sales expenses	6,240,139.	8b	101,000.		
	c	Gain or (loss) (attach schedule)	748,694.	8c	23,624.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 1		STMT 2	8d	772,318.
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐					
	a	Gross revenue (not including $ of contributions reported on line 1b)		9a			
	b	Less: direct expenses other than fundraising expenses		9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a				9c	
	10 a	Gross sales of inventory, less returns and allowances		10a			
	b	Less: cost of goods sold		10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c	
	11	Other revenue (from Part VII, line 103)				11	214,780.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12	2,771,701.
Expenses	13	Program services (from line 44, column (B))				13	645,167.
	14	Management and general (from line 44, column (C))				14	503,075.
	15	Fundraising (from line 44, column (D))				15	46,953.
	16	Payments to affiliates (attach schedule)				16	
	17	**Total expenses.** Add lines 16 and 44, column (A)				17	1,195,195.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12				18	1,576,506.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	15,526,762.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3				20	293,619.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21	17,396,887.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 12,137. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a	12,137.	12,137.	STATEMENT 6	
22b Other grants and allocations (attach schedule) (cash $ 428893. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	428,893.	428,893.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 5	25a	92,630.	83,367.	4,632.	4,631.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	133,414.	120,072.	6,671.	6,671.
27 Pension plan contributions not included on lines 25a, b, and c	27	6,808.		6,808.	
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	17,824.		17,824.	
30 Professional fundraising fees	30				
31 Accounting fees	31	14,950.		14,950.	
32 Legal fees	32	7,683.		7,683.	
33 Supplies	33	6,402.		6,402.	
34 Telephone	34	6,076.		6,076.	
35 Postage and shipping	35	2,596.		2,596.	
36 Occupancy	36	-3,900.		-3,900.	
37 Equipment rental and maintenance	37	8,555.		8,555.	
38 Printing and publications	38	698.	698.		
39 Travel	39				
40 Conferences, conventions, and meetings	40	14,656.		14,656.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	25,767.		25,767.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	420,006.		384,355.	35,651.
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,195,195.	645,167.	503,075.	46,953.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ; (iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

Part III **Statement of Program Service Accomplishments** *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ PROVIDING GRANTS TO CHARITABLE ORGANIZATIONS All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a GRANTS ARE ALLOCATED TO VARIOUS CHARITABLE ORGANIZATIONS AS DIRECTED BY DONORS. NUMEROUS INDIVIDUALS BENEFIT FROM THE SERVICES RENDERED BY THE CHARITABLE ORGANIZATION. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	645,167.
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	645,167.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		113.	45	36.
	46	Savings and temporary cash investments		1,718,883.	46	1,578,041.
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a 680,920.			
	b	Less: allowance for doubtful accounts	48b 7,800.	710,982.	48c	673,120.
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a	Other notes and loans receivable	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		214,551.	53	201,748.
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b	Investments - other securities ▶ ☐ Cost ☐ FMV		12,824,432.	54b	
	55 a	Investments - land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation	55b		55c	
	56	Investments - other SEE STATEMENT 8		101,000.	56	14,811,740.
	57 a	Land, buildings, and equipment: basis	57a 778,029.			
	b	Less: accumulated depreciation STMT 9	57b 180,707.	366,787.	57c	597,322.
	58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 10)		425,254.	58	458,464.
	59	**Total assets** (must equal line 74). Add lines 45 through 58		16,362,002.	59	18,320,471.
Liabilities	60	Accounts payable and accrued expenses		1,886.	60	9,345.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable			64b	13,398.
	65	Other liabilities (describe ▶ SEE STATEMENT 11)		833,354.	65	900,841.
	66	**Total liabilities.** Add lines 60 through 65		835,240.	66	923,584.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		732,162.	67	1,021,498.
	68	Temporarily restricted		1,188,864.	68	1,352,875.
	69	Permanently restricted		13,605,736.	69	15,022,514.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		15,526,762.	73	17,396,887.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		16,362,002.	74	18,320,471.

Form **990** (2006)

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01-20-07

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	3,103,983.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	368,656.		
2	Donated services and use of facilities	b2	72,096.		
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	440,752.
c	Subtract line **b** from line **a**			c	2,663,231.
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): OTHER REVENUE INCLUDED ON FORM 990	d2	108,470.		
	Add lines **d1** and **d2**			d	108,470.
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	2,771,701.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	1,233,858.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1	60,000.		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	60,000.
c	Subtract line **b** from line **a**			c	1,173,858.
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): OTHER EXPENSES INCLUDED ON FORM 990	d2	21,337.		
	Add lines **d1** and **d2**			d	21,337.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	1,195,195.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 12		92,630.	3,505.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 23			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

COPY

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ MCCF LIMITED and check whether it is [X] exempt or [ ] nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b 72,096.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90 a List the states with which a copy of this return is filed ▶ OH

b Number of employees employed in the pay period that includes March 12, 2006 — 90b: 5

91 a The books are in care of ▶ DR. DAVID MITZEL Telephone no. ▶ 740-453-5192

Located at ▶ 534 PUTNAM AVE, P.O. BOX 3042, ZANESVILLE, OHIO ZIP + 4 ▶ 43702-3042

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041-** Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A	

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			12	471,323.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	772,318.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SEE STATEMENT 13					214,780.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,243,641.	214,780.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 1,458,421.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
MCCF LIMITED - 534	%	CHARITABLE,		
PUTNAM AVE,	%	EDUCATIONAL AND		
ZANESVILLE, OH	%	SCIENTIFIC PURPOSES		
43701 - 32-0042157	100.00% %		773.	248,583.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

COPY

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

▶ Signature of officer | Date

▶ DR. DAVID MITZEL, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	NORMAN, JONES, ENLOW & CO. 3596 MAPLE AVENUE ZANESVILLE, OHIO 43767	EIN ▶	
		Phone no. ▶ (614) 228-4000	

Form **990** (2006)

623164/01-26-07

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2006

Name of the organization: MUSKINGUM COUNTY COMMUNITY FOUNDATION

Employer identification number: 31 1147022

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X	
b	Dd the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X	
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			18
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			1038826.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶			

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b [X] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 [ ] 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,702,148.	2,800,632.	896,593.	783,738.	6,183,111.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	368,681.	601,057.	241,470.	264,466.	1,475,674.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	391,535.	151,634.	SEE STATEMENT 15 294,903.	158,124.	996,196.
23 Total of lines 15 through 22	2,462,364.	3,553,323.	1,432,966.	1,206,328.	8,654,981.
24 Line 23 minus line 17	2,462,364.	3,553,323.	1,432,966.	1,206,328.	8,654,981.
25 Enter 1% of line 23	24,624.	35,533.	14,330.	12,063.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 173,100.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 0.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 8,654,981.

d Add: Amounts from column (e) for lines: 18 1,475,674. 19 ______ 22 996,196. 26b ______ ▶ 26d 2,471,870.

e Public support (line 26c minus line 26d total) ▶ 26e 6,183,111.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 71.4399%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2005) ______ (2004) ______ (2003) ______ (2002) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2005) ______ (2004) ______ (2003) ______ (2002) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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Check if your organization is covered by the **General Rule** or a **Special Rule.** (**Note:** *Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)*

General Rule-

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) .... ▶ $ ____________

Caution: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

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

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

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	OFFICE RENT	$ 60,000.	VARIOUS
6	LAND AND BUILDING	$ 237,050.	01/31/06
		$	
		$	
		$	
		$	

COPY

Asset Number	Description of property / Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	SEC'Y WOO							
	090189	SL	5.00	16	310.		310.	0.
2	CREDENZA							
	090189	SL	5.00	16	275.		275.	0.
3	2 BLACK T							
	090189	SL	5.00	16	216.		216.	0.
4	PANOSONIC							
	090190	SL	7.00	16	979.		979.	0.
5	SHARP FAX							
	070491	SL	7.00	16	1,495.		1,495.	0.
6	PAPER CUT							
	041191	SL	7.00	16	34.		34.	0.
7	MISC DESK							
	121691	SL	7.00	16	70.		70.	0.
8	BOOKCASE							
	120291	SL	7.00	16	60.		60.	0.
9	4 COMDREL							
	012092	SL	5.00	16	2,042.		2,042.	0.
10	EXEC BOOK							
	021892	SL	7.00	16	497.		497.	0.
11	QUEEN ANN							
	011392	SL	7.00	16	500.		500.	0.
12	CREDENZA							
	111894	SL	5.00	16	697.		697.	0.
13	NPO SOFTWARE							
	111495	SL	5.00	16	3,985.		3,985.	0.
14	R & R COMPUTER							
	111495	SL	5.00	16	4,556.		4,556.	0.
15	NPO SOFTWARE							
	112195	SL	5.00	16	7,970.		7,970.	0.
16	NPO SOFTWARE							
	122195	SL	5.00	16	3,985.		3,985.	0.
17	486-DX2 C							
	123094	SL	5.00	16	2,853.		2,853.	0.
18	SHOW CASE FOR ART WORK							
	121096	SL	7.00	16	3,340.		3,340.	0.
19	PENTIUM II NEC COMPUTER							
	123197	SL	5.00	16	2,048.		2,048.	0.
20	17" COLOR MONITOR							
	102098	SL	7.00	16	329.		329.	0.
21	BATTERY BACKUP							
	102098	SL	7.00	16	169.		169.	0.
22	HEWETT PACKARD LASER PRINTER							
	102098	SL	7.00	16	459.		459.	0.
23	PUTNAM COMPUTER							
	022599	ADS	7.00	17	3,832.		3,558.	274.
24	FIMS SOFTWARE							
	031999	ADS	5.00	17	4,868.		4,868.	0.
25	(D)ABI PHONE SYSTEM							
	060499	ADS	7.00	17	5,173.		4,804.	370.
26	PUTNAM COMPUTER							
	062299	ADS	5.00	17	1,538.		1,538.	0.
27	NPO SOLUTIONS							
	080199	ADS	5.00	17	6,743.		6,743.	0.

616261
05-01-06

- Current year section 179 (D) - Asset disposed

Asset Number	Description of property / Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
28	PENTIUM II WORKSTATION							
	062299	ADS	5.00	17	1,489.		1,489.	0.
29	FURNITURE							
	040599	ADS	7.00	17	699.		649.	50.
30	FURNITURE							
	040599	ADS	7.00	17	390.		362.	28.
31	DESKS							
	050799	ADS	7.00	17	7,010.		6,509.	501.
32	6 FOLDING CHAIRS							
	072299	ADS	5.00	17	528.		528.	0.
33	24 DELUXE STACK CHAIRS							
	072299	ADS	5.00	17	864.		864.	0.
34	FURNITURE							
	091799	ADS	7.00	17	4,710.		4,374.	336.
35	12 STACK CHAIRS							
	101299	ADS	5.00	17	432.		432.	0.
36	10 BANQUET TABLES							
	101599	ADS	7.00	17	288.		267.	21.
37	STAINED GLASS WINDOW							
	030899	ADS	15.00	17	1,200.		520.	80.
38	LANDSCAPING							
	062399	ADS	15.00	17	2,990.		1,296.	199.
39	LANDSCAPING							
	062699	ADS	15.00	17	390.		169.	26.
40	ROD IRON FENCE							
	051999	ADS	15.00	17	2,133.		924.	142.
41	CONCRETE PARKING LOT							
	062499	ADS	15.00	17	6,400.		2,773.	427.
42	OVAL WINDOW							
	062499	ADS	5.00	17	125.		125.	0.
43	PICTURE RAILINGS							
	062499	ADS	15.00	17	574.		249.	38.
44	WOOD SHELVING							
	062499	ADS	15.00	17	433.		188.	29.
45	LANDSCAPING							
	071499	ADS	15.00	17	520.		225.	35.
46	BLDG IMPROVEMENT							
	062499	ADS	15.00	17	478.		207.	32.
47	2 FRONT ENTRY							
	072299	ADS	15.00	17	1,500.		650.	100.
48	FRONT ENTRY							
	072299	ADS	15.00	17	300.		130.	20.
49	3 ENTRY DOORS							
	072299	ADS	15.00	17	1,275.		553.	85.
50	2 BACK DOOR							
	072299	ADS	15.00	17	600.		260.	40.
51	IRRIGATION SYSTEM							
	080399	ADS	15.00	17	9,000.		3,900.	600.
52	TOP SOIL							
	080499	ADS	15.00	17	260.		113.	17.
53	BACK STAIR RAILING							
	101899	ADS	15.00	17	2,267.		982.	151.
54	OAK SHUTTERS							
	121399	ADS	15.00	17	1,680.		728.	112.

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- Current year section 179 (D) - Asset disposed

Asset Number	Description of property / Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
55	3 FT TABLE - RAY THOMAS							
	080599	ADS	7.00	17	122.		113.	9.
56	8 FT TABLE							
	080599	ADS	7.00	17	326.		303.	23.
57	PLAQUE DEDICATION							
	080599	ADS	7.00	17	500.		464.	36.
58	GLASS ARTIFACTS							
	080599	ADS	7.00	17	500.		464.	36.
59	CHERRY BOARD TABLE							
	091099	ADS	7.00	17	10,570.		9,815.	755.
60	RECEPTIONIST DESK							
	120899	ADS	7.00	17	1,980.		1,839.	141.
61	LANDSCAPING							
	070199	ADS	15.00	17	15,000.		6,500.	1,000.
62	FENCE							
	123199	ADS	15.00	17	7,000.		3,033.	467.
63	LANDSCAPING							
	070199	ADS	15.00	17	1,600.		693.	107.
64	BLDG ARCHITECT PLANS							
	060799	ADS	15.00	17	20,000.		8,667.	1,333.
65	WOOD TRIM							
	060799	ADS	15.00	17	300.		130.	20.
66	OUTDOOR WIRES							
	060799	ADS	15.00	17	500.		217.	33.
67	OAK FRAME SUN TUB							
	060799	ADS	15.00	17	125.		54.	8.
68	MISC CONSTRUCTION							
	060799	ADS	15.00	17	6,916.		2,997.	461.
69	CARPETING							
	060799	ADS	15.00	17	10,875.		4,713.	725.
70	AIR SUPPLY BLOWER							
	060799	ADS	15.00	17	400.		173.	27.
71	WOOD TRIM							
	060799	ADS	15.00	17	6,620.		2,869.	441.
72	ADOBE SOFTWARE							
	062800	SL	5.00	16	288.		288.	0.
73	PENTIUM III COMPUTER							
	092600	SL	5.00	16	2,107.		2,107.	0.
74	HP2100 LASER PRINTER							
	092600	SL	5.00	16	975.		975.	0.
75	BOARD ROOM CABINET							
	012400	SL	7.00	16	4,660.		3,939.	666.
76	BOARD ROOM CHAIRS							
	061600	SL	5.00	16	785.		785.	0.
77	MCCF SCULPTRE							
	081000	SL	7.00	16	200.		155.	29.
78	REMAINING 1/2 OF OAK SHUTTERS							
	031600	SL	15.00	16	1,680.		644.	112.
79	STEREO							
	010100	SL	15.00	16	400.		160.	27.
80	KESSLER SIGN							
	011400	SL	15.00	16	5,000.		2,000.	333.
81	H20 METER/INSTALL							
	072000	SL	15.00	16	97.		35.	6.

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\# - Current year section 179 (D) - Asset disposed

Asset Number	Description of property / Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
82	HAND RAIL							
	100500	SL	15.00	16	2,000.		700.	133.
83	REMOTE WATER ME							
	101200	SL	15.00	16	97.		34.	6.
84	(D)SHARP AR337 COPIER							
	040201	SL	7.00	16	12,182.		8,266.	1,305.
85	AOC MONITOR (AOS'S)							
	071001	SL	7.00	16	219.		141.	31.
86	OAK TABLE (AD'S OFFICE)							
	080601	SL	7.00	16	400.		252.	57.
87	5 OAK CHAIRS (AD'S OFFICE)							
	081601	SL	7.00	16	150.		95.	21.
88	DRAPERIES							
	110501	SL	5.00	16	1,621.		1,351.	270.
89	FILE ORGANIZER							
	050902	SL	5.00	16	367.		269.	73.
90	LARGE OFFICE DESK							
	082102	SL	7.00	16	220.		105.	31.
91	INTEL D850 COMPUTER							
	090402	SL	7.00	16	1,209.		576.	173.
92	INTEL D845 COMPUTER							
	090402	SL	7.00	16	779.		371.	111.
93	TOSH LAPTOP COMPUTER							
	090402	SL	7.00	16	1,678.		799.	240.
94	KDS 19" MONITOR							
	090402	SL	7.00	16	199.		95.	28.
95	RUTH'S COMPUTER							
	110202	SL	7.00	16	1,069.		484.	153.
96	HP LASERJET 1							
	090402	SL	7.00	16	379.		180.	54.
97	HP PSC750 PRINTER							
	090402	SL	7.00	16	269.		128.	38.
98	PANASONIC 27" TV							
	082002	SL	7.00	16	230.		110.	33.
99	SERVER BACKUP							
	110202	SL	7.00	16	89.		40.	13.
100	NORTON ANTIVIRUS							
	121902	SL	7.00	16	420.		180.	60.
101	KDS 17" MONITOR							
	090402	SL	7.00	16	129.		61.	18.
102	EMERSON VCR							
	082002	SL	7.00	16	50.		24.	7.
103	PRINTER FOR DPM							
	030703	SL	5.00	16	116.		66.	23.
104	HP SCANJET 7400							
	073003	SL	5.00	16	609.		294.	122.
105	3 REFURBISHED COMPUTERS (SCHCEN)							
	092503	SL	5.00	16	524.		236.	105.
106	OFFICE DESK (BD ROOM)							
	102403	SL	7.00	16	150.		46.	21.
107	OAK MAP CHEST							
	010903	SL	7.00	16	500.		214.	71.
108	ELECTRIC RANGE							
	050103	SL	7.00	16	360.		137.	51.

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- Current year section 179 (D) - Asset disposed

Asset Number	Description of property / Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
109	BOOKSHELF - DPM'S OFFICE							
	090303	SL	7.00	16	350.		117.	50.
110	ADOBE PAGEMAKER							
	050103	SL	3.00	16	168.		149.	19.
111	XEON FILE SERVER & INSTALLATION							
	072104	SL	5.00	16	3,419.		969.	684.
112	SKU 558450 PROJECTOR (SCHCEN)							
	122204	200DB	5.00	17	700.	350.	151.	80.
113	CANON DIGITAL CAMERA (SCHCEN)							
	122204	SL	5.00	16	500.		100.	100.
114	DPM'S LAPTOP COMPUTER							
	123004	SL	5.00	16	1,699.		340.	340.
115	BUILDING IMPROVEMENTS							
	093004	SL	39.50	16	268,793.		8,506.	6,805.
116	PURE BUILDING							
	093004	SL	39.50	16	24,500.		775.	620.
117	SERVER-WINDOWS XP PRO SOFTWARE							
	011405	200DB	3.00	17	2,000.		667.	889.
118	DELL COMPUTER							
	041105	200DB	5.00	17	629.		126.	201.
119	WINDOWS FOR SERVER							
	060505	200DB	3.00	17	614.		205.	273.
120	ABI PHONE SYSTEM, PHONES AND VOICEMAIL							
	022806	SL	5.00	16	5,400.			900.
121	DELL LAPTOPS							
	031906	SL	5.00	16	2,222.			333.
122	SHARP COPIERMX-3501N - CAPITAL LEASE							
	092006	SL	5.00	16	14,291.			715.
123	WHITE CHEVROLET FACILITY							
	013106	NC	.000		189,600.			0.
124	WHITE CHEVROLET FACITLITY							
	013106	L	.000		47,400.			0.
	* TOTAL 990 PAGE 2 DEPR							
					795,384.	350.	169,337.	25,765.

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- Current year section 179 (D) - Asset disposed

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SEE ATTACHED LISTING	6,988,833.	6,240,139.	0.	748,694.
TO FORM 990, PART I, LINE 8	6,988,833.	6,240,139.	0.	748,694.

COPY

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SALE OF LAND HELD AS INVESTMENT	VARIOUS	01/31/06	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	124,624.	101,000.	0.	0.	23,624.
TO FM 990, PART I, LN 8	124,624.	101,000.	0.	0.	23,624.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	368,656.
AGENCY FUND ACTIVITY	-87,133.
NET IN-KIND ACTIVITY	12,096.
TOTAL TO FORM 990, PART I, LINE 20	293,619.

COPY

FORM 990	OTHER EXPENSES	STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADMINISTRATION FEES	141,877.		141,877.	
FIDUCIARY/INVESTMENT MANAGER FEES	127,637.		127,637.	
SPECIAL PROJECT EXPENSE	41,450.		41,450.	
FOREIGN TAX ON INVESTMENTS	6.		6.	
LIFE INSURANCE PREMIUM EXPENSE	6,838.		6,838.	
INSURANCE	11,682.		11,682.	
EMPLOYEE EXPENSE REIMBURSEMENT	3,598.		3,598.	
DUES AND SUBSCRIPTIONS	2,114.		2,114.	

MISCELLANEOUS EXPENSE	4,797.		4,797.	
UNITRUST PAYMENT	14,100.		14,100.	
BAD DEBT EXPENSE	12.		12.	
CONTRACTED SERVICES	18,147.		18,147.	
CUSTODIAL EXPENSES	7,758.		7,758.	
UTILITIES	4,339.		4,339.	
EVENT EXPENSE	29,303.			29,303.
AWARD BANQUET	6,348.			6,348.
TOTAL TO FM 990, LN 43	420,006.		384,355.	35,651.

COPY

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 5
PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DR. DAVID MITZEL	92,630.	3,505.		96,135.
A. PROGRAM SERVICES	83,367.			83,367.
B. MANAGEMENT AND GENERAL	4,632.			4,632.
C. FUNDRAISING	4,631.			4,631.

TOTAL PROGRAM SERVICES	83,367.
TOTAL MANAGEMENT AND GENERAL	4,632.
TOTAL FUNDRAISING	4,631.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A	92,630.

COPY

FORM 990 — CASH GRANTS AND ALLOCATIONS TO OTHERS FROM DONOR ADVISED FUNDS — STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED SCHEDULE	12,137.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22A	12,137.

FORM 990 — CASH GRANTS AND ALLOCATIONS TO OTHERS — STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED SCHEDULE	428,893.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	428,893.

COPY

FORM 990 — OTHER INVESTMENTS — STATEMENT 8

DESCRIPTION	VALUATION METHOD	AMOUNT
SECURITIES AND OTHER INVESTMENTS	COST	14,811,740.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		14,811,740.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
SEC'Y WOO	310.	310.	0.
CREDENZA	275.	275.	0.
2 BLACK T	216.	216.	0.
PANOSONIC	979.	979.	0.
SHARP FAX	1,495.	1,495.	0.
PAPER CUT	34.	34.	0.
MISC DESK	70.	70.	0.
BOOKCASE	60.	60.	0.
4 COMDREL	2,042.	2,042.	0.
EXEC BOOK	497.	497.	0.
QUEEN ANN	500.	500.	0.
CREDENZA	697.	697.	0.
NPO SOFTWARE	3,985.	3,985.	0.
R & R COMPUTER	4,556.	4,556.	0.
NPO SOFTWARE	7,970.	7,970.	0.
NPO SOFTWARE	3,985.	3,985.	0.
486-DX2 C	2,853.	2,853.	0.
SHOW CASE FOR ART WORK	3,340.	3,340.	0.
PENTIUM II NEC COMPUTER	2,048.	2,048.	0.
17" COLOR MONITOR	329.	329.	0.
BATTERY BACKUP	169.	169.	0.
HEWETT PACKARD LASER PRINTER	459.	459.	0.
PUTNAM COMPUTER	3,832.	3,832.	0.
FIMS SOFTWARE	4,868.	4,868.	0.
PUTNAM COMPUTER	1,538.	1,538.	0.
NPO SOLUTIONS	6,743.	6,743.	0.
PENTIUM II WORKSTATION	1,489.	1,489.	0.
FURNITURE	699.	699.	0.
FURNITURE	390.	390.	0.
DESKS	7,010.	7,010.	0.
6 FOLDING CHAIRS	528.	528.	0.
24 DELUXE STACK CHAIRS	864.	864.	0.
FURNITURE	4,710.	4,710.	0.
12 STACK CHAIRS	432.	432.	0.
10 BANQUET TABLES	288.	288.	0.
STAINED GLASS WINDOW	1,200.	600.	600.
LANDSCAPING	2,990.	1,495.	1,495.
LANDSCAPING	390.	195.	195.
ROD IRON FENCE	2,133.	1,066.	1,067.
CONCRETE PARKING LOT	6,400.	3,200.	3,200.
OVAL WINDOW	125.	125.	0.
PICTURE RAILINGS	574.	287.	287.
WOOD SHELVING	433.	217.	216.
LANDSCAPING	520.	260.	260.
BLDG IMPROVEMENT	478.	239.	239.
2 FRONT ENTRY	1,500.	750.	750.

COPY

FRONT ENTRY	300.	150.	150.
3 ENTRY DOORS	1,275.	638.	637.
2 BACK DOOR	600.	300.	300.
IRRIGATION SYSTEM	9,000.	4,500.	4,500.
TOP SOIL	260.	130.	130.
BACK STAIR RAILING	2,267.	1,133.	1,134.
OAK SHUTTERS	1,680.	840.	840.
3 FT TABLE - RAY THOMAS	122.	122.	0.
8 FT TABLE	326.	326.	0.
PLAQUE DEDICATION	500.	500.	0.
GLASS ARTIFACTS	500.	500.	0.
CHERRY BOARD TABLE	10,570.	10,570.	0.
RECEPTIONIST DESK	1,980.	1,980.	0.
LANDSCAPING	15,000.	7,500.	7,500.
FENCE	7,000.	3,500.	3,500.
LANDSCAPING	1,600.	800.	800.
BLDG ARCHITECT PLANS	20,000.	10,000.	10,000.
WOOD TRIM	300.	150.	150.
OUTDOOR WIRES	500.	250.	250.
OAK FRAME SUN TUB	125.	62.	63.
MISC CONSTRUCTION	6,916.	3,458.	3,458.
CARPETING	10,875.	5,438.	5,437.
AIR SUPPLY BLOWER	400.	200.	200.
WOOD TRIM	6,620.	3,310.	3,310.
ADOBE SOFTWARE	288.	288.	0.
PENTIUM III COMPUTER	2,107.	2,107.	0.
HP2100 LASER PRINTER	975.	975.	0.
BOARD ROOM CABINET	4,660.	4,605.	55.
BOARD ROOM CHAIRS	785.	785.	0.
MCCF SCULPTRE	200.	184.	16.
REMAINING 1/2 OF OAK SHUTTERS	1,680.	756.	924.
STEREO	400.	187.	213.
KESSLER SIGN	5,000.	2,333.	2,667.
H20 METER/INSTALL	97.	41.	56.
HAND RAIL	2,000.	833.	1,167.
REMOTE WATER ME	97.	40.	57.
AOC MONITOR (AOS'S)	219.	172.	47.
OAK TABLE (AD'S OFFICE)	400.	309.	91.
5 OAK CHAIRS (AD'S OFFICE)	150.	116.	34.
DRAPERIES	1,621.	1,621.	0.
FILE ORGANIZER	367.	342.	25.
LARGE OFFICE DESK	220.	136.	84.
INTEL D850 COMPUTER	1,209.	749.	460.
INTEL D845 COMPUTER	779.	482.	297.
TOSH LAPTOP COMPUTER	1,678.	1,039.	639.
KDS 19" MONITOR	199.	123.	76.
RUTH'S COMPUTER	1,069.	637.	432.
HP LASERJET 1	379.	234.	145.
HP PSC750 PRINTER	269.	166.	103.
PANASONIC 27" TV	230.	143.	87.
SERVER BACKUP	89.	53.	36.
NORTON ANTIVIRUS	420.	240.	180.
KDS 17" MONITOR	129.	79.	50.

COPY

EMERSON VCR	50.	31.	19.
PRINTER FOR DPM	116.	89.	27.
HP SCANJET 7400	609.	416.	193.
3 REFURBISHED COMPUTERS (SCHCEN)	524.	341.	183.
OFFICE DESK (BD ROOM)	150.	67.	83.
OAK MAP CHEST	500.	285.	215.
ELECTRIC RANGE	360.	188.	172.
BOOKSHELF - DPM'S OFFICE	350.	167.	183.
ADOBE PAGEMAKER	168.	168.	0.
XEON FILE SERVER & INSTALLATION	3,419.	1,653.	1,766.
SKU 558450 PROJECTOR (SCHCEN)	700.	581.	119.
CANON DIGITAL CAMERA (SCHCEN)	500.	200.	300.
DPM'S LAPTOP COMPUTER	1,699.	680.	1,019.
BUILDING IMPROVEMENTS	268,793.	15,311.	253,482.
PURE BUILDING	24,500.	1,395.	23,105.
SERVER-WINDOWS XP PRO SOFTWARE	2,000.	1,556.	444.
DELL COMPUTER	629.	327.	302.
WINDOWS FOR SERVER	614.	478.	136.
ABI PHONE SYSTEM, PHONES AND VOICEMAIL	5,400.	900.	4,500.
DELL LAPTOPS	2,222.	333.	1,889.
SHARP COPIERMX-3501N - CAPITAL LEASE	14,291.	715.	13,576.
WHITE CHEVROLET FACILITY	189,600.	0.	189,600.
WHITE CHEVROLET FACITLITY	47,400.	0.	47,400.
TOTAL TO FORM 990, PART IV, LN 57	778,029.	180,707.	597,322.

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	AMOUNT
CSV - LIFE INSURANCE	382,654.
COLLECTIONS	18,052.
NON-CASH ASSETS	17,318.
INTEREST RECEIVABLE	40,440.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	458,464.

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	AMOUNT
ANNUITY LIABILITY	0.
ANNUITY LIABILITY	97,898.
FUNDS HELD AS AGENCY ENDOWM	802,943.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	900,841.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. DAVID MITZEL PO BOX 3042 ZANESVILLE, OH 43701	EXECUTIVE DIRECTOR 40.00	92,630.	3,505.	0.
JEFF BEAM PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
MARY BILES PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
MICHAEL BULLOCK PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
STEVE CARTER PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
ANDREA WALTERS DOWDING PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
RICHARD DUNCAN PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.

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ROBERT GLASS PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
THOMAS HOLDREN PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
ROBERT JOSEPH PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
THOMAS LYALL PO BOX 3042 ZANESVILLE, OH 43701	VICE PRESIDENT 0.00	0.	0.	0.
TIMOTHY MCLAIN PO BOX 3042 ZANESVILLE, OH 43701	TREASURER 0.00	0.	0.	0.
SCOTT MOYER PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
SCOTT PETERSON PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
CARL RAINES PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
STEVEN RANDLES PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
JACK RUSSETT PO BOX 3042 ZANESVILLE, OH 43701	SECRETARY 0.00	0.	0.	0.
THOMAS SELOCK PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
MICHAEL STEEN PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
DAN SYLVESTER PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.

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KRISTY SZEMETYLO PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
BETH UPTON PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
BRIAN WAGNER PO BOX 3042 ZANESVILLE, OH 43701	TRUSTEE 0.00	0.	0.	0.
DEAN YOUNG PO BOX 3042 ZANESVILLE, OH 43701	PRESIDENT 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		92,630.	3,505.	0.

FORM 990 OTHER REVENUE STATEMENT 13

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
ADMINISTRATIVE FEES					141,874.
INCREASE IN CSV					18,914.
EVENT REVENUE					38,444.
CHANGE IN VALUE OF SPLIT INTEREST A					6,641.
ANNUITY INCOME					6,703.
MISCELLANEOUS					2,204.
TO FORM 990, PART VII, LINE 103					214,780.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 14

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
103A	FEES PAID TO MANAGE INVESTMENTS
103B	PROVIDE ADDITIONAL ASSETS FOR ALLOCATION TO CHARITABLE ORGANIZATIONS AS DIRECTED BY THE BOARD
103C	INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE
103D	PROVIDE ADDITIONAL ASSETS FOR ALLOCATION TO CHARITABLE ORGANIZATIONS
103E	PROVIDE ADDITIONAL ASSETS FOR ALLOCATION TO SPECIFIC CHARITABLE
103E	ORGANIZATIONS
103F	CHANGE IN VALUE OF THE SPLIT INTEREST AGREEMENT
103G	INCOME GENERATED BY THE ANNUITY FUNDS HELD BY THE ORGANIZATION

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SCHEDULE A OTHER INCOME STATEMENT 15

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
ADMINISTRATIVE FEES	110,045.	88,513.	68,153.	64,431.
EVENT REVENUE	34,725.	23,282.	32,041.	29,775.
GRANTS RECEIVED	0.	2,500.	120,750.	35,000.
INCREASE IN CSV	19,459.	18,675.	18,513.	24,446.
CHANGE IN SPLIT INTEREST	-62,349.	7,310.	33,504.	-19,530.
ANNUITY INCOME	5,823.	11,254.	21,786.	23,783.
MISC INCOME	122,426.	100.	156.	219.
SALE OF INVESTMENTS	161,406.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	391,535.	151,634.	294,903.	158,124.

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