

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.

Open to Public Inspection

A For the 2010 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 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 534 PUTNAM AVENUE City or town, state or country, and ZIP + 4 ZANESVILLE, OH 43701 F Name and address of principal officer: DR. DAVID MITZEL SAME AS C ABOVE	D Employer identification number 31-1147022 E Telephone number 740-453-5192 G Gross receipts \$ 10,069,730. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <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

	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE MUSKINGUM COUNTY COMMUNITY FOUNDATION IS TO IMPROVE THE QUALITY OF LIFE AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	90
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	958,969.	3,379,002.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-521,080.	518,713.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	181,469.	149,308.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	619,358.	4,047,023.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,016,737.	895,746.
	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)	204,598.	203,494.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 32,375.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	425,623.	524,218.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,646,958.	1,623,458.
	19 Revenue less expenses. Subtract line 18 from line 12	-1,027,600.	2,423,565.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	17,788,257.	21,167,820.
	21 Total liabilities (Part X, line 26)	1,368,060.	1,228,195.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,420,197.	19,939,625.

Part II Signature Block

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

Sign Here	Signature of officer DR. DAVID MITZEL, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name T.J. CONGER, CPA	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ JOHN GERLACH & COMPANY LLP Firm's address ▶ 37 W. BROAD ST., STE. 530 COLUMBUS, OH 43215	Firm's EIN ▶ Phone no. 614-224-2164

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 336,064. including grants of \$ 313,294.) (Revenue \$ 61,500.) THE GEAR UP PROGRAM IS FUNDED THROUGH A GRANT GIVEN VIA THE OHIO BOARD OF REGENTS. OUR PROGRAM EXISTS TO IMPROVE THE MATRICULATION RATE OF ZANESVILLE HIGH SCHOOL AND GROVER CLEVELAND MIDDLE SCHOOL STUDENTS TO COLLEGE. IT IS A 6-YEAR GRANT, AND INCLUDES A STAFF OF 4 PEOPLE AS WELL AS SEVERAL TUTORS. THE PROGRAM PAYS FOR EDUCATIONAL MATERIALS, COLLEGE VISITS, SPECIAL PROGRAMS, AND CONTINUING EDUCATION. PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION REGARDING THIS PROGRAM.

4b (Code:) (Expenses \$ 93,737. including grants of \$ 93,720.) (Revenue \$) WE ARE FISCAL AGENTS FOR THE PHILO HIGH SCHOOL STADIUM RENOVATION PROJECT. THEIR COMMITTEE RAISED FUNDS, MAINLY VIA PLEDGES, AND BORROWED THE BALANCE NEEDED TO COMPLETE THE PROJECT FROM THE SCHOOL DISTRICT.

4c (Code:) (Expenses \$ 36,226. including grants of \$) (Revenue \$) 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 & IS CLOSE TO MEETING THE FUNDRAISING GOAL TO BRING THIS NEW FACILITY TO MUSKINGUM COUNTY.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 605,681. including grants of \$ 488,732.) (Revenue \$ 108,781.)

4e Total program service expenses 1,071,708.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (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, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

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

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (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 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a 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 Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD DUNCAN TRUSTEE/PRESIDENT	2.00	X		X			0.	0.	0.	
TIMOTHY MCLAIN TRUSTEE/VICE PRESIDENT	2.00	X		X			0.	0.	0.	
STEVEN RANGLES TRUSTEE/SECRETARY	2.00	X		X			0.	0.	0.	
MICHAEL STEEN TRUSTEE/TREASURER	2.00	X		X			0.	0.	0.	
GREG ADAMS TRUSTEE	1.00	X					0.	0.	0.	
STEVE CARTER TRUSTEE	1.00	X					0.	0.	0.	
THOMAS HOLDREN TRUSTEE	1.00	X					0.	0.	0.	
JOSH JOSEPH TRUSTEE	1.00	X					0.	0.	0.	
JIM LEPI TRUSTEE	1.00	X					0.	0.	0.	
MONICA MARTINELLI TRUSTEE	1.00	X					0.	0.	0.	
SUSAN MCDONALD TRUSTEE	1.00	X					0.	0.	0.	
MICHAEL MICHELI TRUSTEE	1.00	X					0.	0.	0.	
MARK MITCHELL TRUSTEE	1.00	X					0.	0.	0.	
D. SCOTT MOYER TRUSTEE	1.00	X					0.	0.	0.	
PAT NASH TRUSTEE	1.00	X					0.	0.	0.	
GRACE PENG TRUSTEE	1.00	X					0.	0.	0.	
DOUGLAS RAMSAY 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS SELOCK TRUSTEE	1.00	X						0.	0.	0.
DAN SYLVESTER TRUSTEE	1.00	X						0.	0.	0.
KRISTY SZEMETYLO TRUSTEE	1.00	X						0.	0.	0.
BETH UPTON TRUSTEE	1.00	X						0.	0.	0.
DANIEL VINCENT TRUSTEE	1.00	X						0.	0.	0.
BRIAN WAGNER TRUSTEE	1.00	X						0.	0.	0.
DR. DAVID MITZEL EXECUTIVE DIRECTOR	40.00			X	X			100,883.	0.	4,421.
1b Sub-total								100,883.	0.	4,421.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								100,883.	0.	4,421.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	52,617.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	214,500.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,111,885.				
	g	Noncash contributions included in lines 1a-1f: \$		260,255.				
	h	Total. Add lines 1a-1f		3,379,002.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		431,477.			431,477.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			87,236.			87,236.
	8 a	Gross income from fundraising events (not including \$ 52,617. of contributions reported on line 1c). See Part IV, line 18	a		58,097.			
		Less: direct expenses	b		83,575.			
		Net income or (loss) from fundraising events			-25,478.			-25,478.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	ADMINISTRATIVE FEES	541900		170,281.	170,281.			
b	MISCELLANEOUS INCOME	900099		4,505.		4,505.		
c								
d	All other revenue							
e	Total. Add lines 11a-11d			174,786.				
12	Total revenue. See instructions.			4,047,023.	170,281.	0.	497,740.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	794,621.	794,621.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	101,125.	101,125.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	105,303.	84,243.	10,530.	10,530.
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	78,563.	35,353.	39,282.	3,928.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,327.	1,047.	1,164.	116.
9 Other employee benefits	2,676.	1,204.	1,338.	134.
10 Payroll taxes	14,625.	6,581.	7,313.	731.
11 Fees for services (non-employees):				
a Management				
b Legal	5,047.	505.	4,037.	505.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	294,249.		294,249.	
g Other	18,600.		18,600.	
12 Advertising and promotion	4,129.	413.	3,303.	413.
13 Office expenses	38,072.	3,807.	30,458.	3,807.
14 Information technology				
15 Royalties				
16 Occupancy	5,441.	544.	4,353.	544.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,210.	821.	6,568.	821.
20 Interest	22,252.	22,252.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,766.	8,346.	11,420.	
23 Insurance	3,583.	358.	2,867.	358.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a OTHER SPECIAL PROJECT &	42,687.	4,269.	34,149.	4,269.
b LIFE INSURANCE PREMIUM	25,867.	2,587.	20,693.	2,587.
c UNITRUST EXPENSE	14,100.	1,410.	11,280.	1,410.
d LEASE TERMINATION	7,698.	770.	6,158.	770.
e CONTRACT SERVICES	6,880.	688.	5,504.	688.
f All other expenses	7,637.	764.	6,109.	764.
25 Total functional expenses. Add lines 1 through 24f	1,623,458.	1,071,708.	519,375.	32,375.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	53.	1	8.	
	2 Savings and temporary cash investments	1,281,476.	2	1,786,065.	
	3 Pledges and grants receivable, net	446,918.	3	2,011,764.	
	4 Accounts receivable, net	34,151.	4	29,297.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	5,426.	9	5,572.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,326,128.			
	b Less: accumulated depreciation	10b 245,488.	1,085,964.	10c	1,080,640.
	11 Investments - publicly traded securities	13,819,347.	11	15,915,221.	
	12 Investments - other securities. See Part IV, line 11	784,385.	12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	330,537.	15	339,253.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,788,257.	16	21,167,820.		
Liabilities	17 Accounts payable and accrued expenses	1,065.	17	31,194.	
	18 Grants payable	8,567.	18	2,000.	
	19 Deferred revenue	143,623.	19	10,218.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	401,456.	23	308,191.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	813,349.	25	876,592.	
	26 Total liabilities. Add lines 17 through 25	1,368,060.	26	1,228,195.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	16,023,887.	27	17,982,186.	
	28 Temporarily restricted net assets	396,310.	28	1,957,439.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	16,420,197.	33	19,939,625.	
34 Total liabilities and net assets/fund balances	17,788,257.	34	21,167,820.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,047,023.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,623,458.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,423,565.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,420,197.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,095,863.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	19,939,625.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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		
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 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

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

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1076230.	774,984.	1805729.	958,969.	3379002.	7994914.
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	1076230.	774,984.	1805729.	958,969.	3379002.	7994914.
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)						1227092.
6 Public support. Subtract line 5 from line 4.						6767822.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1076230.	774,984.	1805729.	958,969.	3379002.	7994914.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	471,323.	543,451.	427,335.	389,062.	431,447.	2262618.
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.)	8,907.	9,692.	5,115.	5,702.	24,406.	53,822.
11 Total support. Add lines 7 through 10						10311354.
12 Gross receipts from related activities, etc. (see instructions)					12	1,048,232.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	65.63	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	61.75	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

MUSKINGUM COUNTY COMMUNITY FOUNDATION

31-1147022

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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 an organization 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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does 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, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

MUSKINGUM COUNTY COMMUNITY FOUNDATION

Employer identification number

31-1147022

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	38	17
2 Aggregate contributions to (during year)	36,493.	57,078.
3 Aggregate grants from (during year)	87,284.	8,875.
4 Aggregate value at end of year	1,068,917.	380,026.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

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

Part IV Escrow and Custodial Arrangements. Complete if 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		780,336.		780,336.
b Buildings		293,293.	46,407.	246,886.
c Leasehold improvements		109,927.	74,158.	35,769.
d Equipment		142,572.	124,923.	17,649.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,080,640.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ANNUITY LIABILITY	94,998.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	781,594.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	876,592.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,047,023.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,623,458.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,423,565.
4	Net unrealized gains (losses) on investments	4	1,084,053.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	11,810.
9	Total adjustments (net). Add lines 4 through 8	9	1,095,863.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,519,428.

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

1	Total revenue, gains, and other support per audited financial statements	1	5,295,054.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,084,053.
b	Donated services and use of facilities	2b	64,020.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	16,383.
e	Add lines 2a through 2d	2e	1,164,456.
3	Subtract line 2e from line 1	3	4,130,598.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-83,575.
c	Add lines 4a and 4b	4c	-83,575.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,047,023.

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

1	Total expenses and losses per audited financial statements	1	1,775,626.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	64,020.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	88,148.
e	Add lines 2a through 2d	2e	152,168.
3	Subtract line 2e from line 1	3	1,623,458.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,623,458.

Part XIV Supplemental Information

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

PART X, LINE 2: THE FOUNDATION HAS ADOPTED THE PROVISIONS OF THE FASB

ASC RELATING TO UNCERTAIN TAX POSITIONS. THE IMPLEMENTATION HAD NO IMPACT ON THE FOUNDATION'S STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES. THE FOUNDATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN CASH SURRENDER OF LIFE INSURANCE 12,675.

Part XIV Supplemental Information (continued)

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	3,709.
CHANGE IN THE VALUE OF TRUST AGREEMENTS	-4,574.
TOTAL TO SCHEDULE D, PART XI, LINE 8	11,810.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN CASH SURRENDER OF LIFE INSURANCE	12,675.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	3,708.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	16,383.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	-83,575.
----------------------	----------

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF TRUST AGREEMENTS	4,573.
FUNDRAISING EXPENSES INCLUDED ON STATEMENT OF REVENUE	83,575.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	88,148.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual... key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

Total

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

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	
		GROUNDHOG AUCTION	ARTS FESTIVAL	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	46,054.	28,716.	16,043.	90,813.
	2	Less: Charitable contributions	28,056.	20,683.	3,878.	52,617.
	3	Gross income (line 1 minus line 2)	17,998.	8,033.	12,165.	38,196.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	32,325.	26,045.	15,632.	74,002.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(74,002)
	11	Net income summary. Combine line 3, column (d), and line 10				-35,806.

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. Combine line 1, column d, and line 7				

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: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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

2010

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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)	12,150.	0.			GENERAL SUPPORT
EASTSIDE COMMUNITY MINISTRY P.O. BOX 965 ZANESVILLE, OH 43701	31-0952074	501(C)(3)	5,113.	0.			GENERAL SUPPORT
GENESIS HEALTHCARE FOUNDATION 1135 MAPLE AVE. ZANESVILLE, OH 43701	31-0969646	501(C)(3)	7,292.	0.			GENERAL SUPPORT
GENESIS HEALTHCARE SYSTEM 800 FOREST AVE. ZANESVILLE, OH 43701	31-1629304	501(C)(3)	32,454.	0.			GENERAL SUPPORT
HELEN PURCELL HOME 1854 NORWOOD BLVD. ZANESVILLE, OH 43701	31-4383794	501(C)(3)	20,374.	0.			GENERAL SUPPORT
MARKET STREET BAPTIST CHURCH 140 N. SIXTH ST. ZANESVILLE, OH 43701	31-4391224	501(C)(3)	6,186.	0.			GENERAL SUPPORT

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

3 Enter total number of other organizations **0.**

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

Schedule I (Form 990) (2010)

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
MUSKINGUM COUNTY SENIOR SERVICES ADVISORY COUNCIL - 1118 W. MAIN ST. - ZANESVILLE, OH 43701	31-0969650	501(C)(3)	9,784.	0.			GENERAL SUPPORT AND ASSISTANCE TO NEEDY SENIORS.
MUSKINGUM FAMILY Y 700 MCINTIRE AVE. ZANESVILLE, OH 43701	31-1694045	501(C)(3)	15,364.	0.			GENERAL SUPPORT
UNITED WAY OF MUSKINGUM, PERRY & MORGAN COUNTIES - 526 PUTNAM AVE. - ZANESVILLE, OH 43701	31-4379456	501(C)(3)	19,463.	0.			GENERAL SUPPORT
THE WILDS 14000 INTERNATIONAL RD. CUMBERLAND, OH 43732	31-1113570	501(C)(3)	11,487.	0.			GENERAL SUPPORT
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE. CLEVELAND, OH 44195	91-2153073	501(C)(3)	6,481.	0.			SUPPORT RESEARCH TO FIND A CURE FOR MACULAR DEGENERATION & OTHER DISEASES OF THE EYE
GRACE UNITED METHODIST CHURCH 516 SHINNICK STREET ZANESVILLE, OH 43701	31-4414086	501(C)(3)	16,981.	0.			GENERAL SUPPORT
THE OHIO STATE UNIVERSITY FOUNDATION - 709 FAWCETT CENTER - COLUMBUS, OH 43210	31-1145986	501(C)(3)	10,000.	0.			SUPPORT RESEARCH TO FIND A CURE FOR MACULAR DEGENERATION AND OTHER DISEASES OF THE EYE
PREVENT BLINDNESS OHIO 1500 W. THIRD AVENUE, SUITE 300 COLUMBUS, OH 43212	36-3667121	501(C)(3)	9,000.	0.			SUPPORT RESEARCH TO FIND A CURE FOR MACULAR DEGENERATION AND OTHER DISEASES OF THE EYE
CHRIST'S TABLE 28 S. SIXTH ST. ZANESVILLE, OH 43071	31-1192885	501(C)(3)	5,707.	0.			GENERAL SUPPORT.

LHA

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
UNIVERSITY OF WISCONSIN FOUNDATION PO BOX 78807 MILWAUKEE, WI 53278	27-0618216	501(C)(3)	20,000.	0.			SUPPORT RESEARCH TO FIND A CURE FOR MACULAR DEGENERATION & OTHER DISEASES OF THE EYE.
VILLAGE OF SOUTH ZANESVILLE 24 E. MAIN STREET ZANESVILLE, OH 43071			9,914.	0.			TO ASSIST WITH THE COST OF RUNNING THE MUNICIPAL POOL.
ZANE STATE COLLEGE 1555 NEWARK RD. ZANESVILLE, OH 43701	31-0796550	501(C)(3)	12,396.	0.			SCHOLARSHIP ASSISTANCE & GENERAL SUPPORT.
ZANE STATE COLLEGE FOUNDATION 1555 NEWARK RD. ZANESVILLE, OH 43701	31-1106338	501(C)(3)	12,979.	0.			GENERAL SUPPORT & BUILDING PROJECT.
ZANESVILLE MEMORIAL CONCERT BAND P.O. BOX 2915 ZANESVILLE, OH 43702	31-1220351	501(C)(3)	5,244.	0.			SEO MUSICAL HERITAGE PROJECT & GENERAL 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.	29	30,725.	0.		
SCHOLARSHIPS AWARDED TO MUSKINGUM COUNTY STUDENTS.	18	18,750.	0.		
SCHOLARSHIPS PROVIDED TO LOCAL MINORITY HIGH SCHOOL GRADUATES MEETING CERTAIN GPA REQUIREMENTS WHO ENROLL IN COLLEGE.	26	11,250.	0.		
SCHOLARSHIPS TO GRADUATING SENIORS FROM MID-EAST CAREER & TECHNOLOGY CENTER WHO WILL ATTEND ZANE STATE COLLEGE.	1	1,000.	0.		
ARTIST AWARD AS SELECTED BY THE BUCCI/DIETZ SELECTION COMMITTEE.	2	1,000.	0.		

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

SCHEDULE I, PART I, LINE 2: MANY OF OUR COMPONENT FUNDS ARE SET UP TO AWARD FUNDS TO LOCAL DOCUMENTED CHARITABLE ORGANIZATIONS ON AN ANNUAL BASIS. FOR COMPETITIVE GRANTS, THE GRANT-SEEKING ORGANIZATION PROVIDES DOCUMENTATION AS TO THEIR CHARITABLE STATUS &/OR THE CHARITABLE NATURE OF THE PROJECT. OUR DISTRIBUTION COMMITTEE MEETS, REVIEWS ALL APPLICATIONS RECEIVED AND RECOMMENDS WHICH PROGRAMS TO FUND, AS WELL AS THE AMOUNT OF FUNDING TO PROVIDE TO EACH RECIPIENT. A YEAR-END REPORT IS REQUIRED FROM EACH GRANTEE TO DOCUMENT PROPER USE OF THE FUNDS AWARDED. SCHOLARSHIP FUNDS FOLLOW SIMILAR PROCEDURES, USING THE APPROPRIATE SELECTION COMMITTEE.

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.	11.	2,750.	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.	28.	27,500.	0.		
SCHOLARSHIPS AWARDED TO MORGAN COUNTY RESIDENTS.	10.	4,950.	0.		
SCHOLARSHIP AWARDED TO A STUDENT INTENDING TO PURSUE A CAREER IN THE PUBLIC ARENA.	1.	500.	0.		
SCHOLARSHIPS AWARDED TO MUSKINGUM COUNTY RESIDENTS PURSUING TEACHING DEGREES.	2.	1,200.	0.		

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions 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	X	17	236,473.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	132	23,782.	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.		

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

MUSKINGUM COUNTY COMMUNITY FOUNDATION

Employer identification number

31-1147022

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

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

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

OTHER PROGRAMS RELATED TO PROVIDING GRANTS FOR CHARITABLE PURPOSES.

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

EXPENSES \$ 605,681. INCLUDING GRANTS OF \$ 488,732. REVENUE \$ 108,781.

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization MUSKINGUM COUNTY COMMUNITY FOUNDATION	Employer identification number 31-1147022
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FULL BOARD FOR APPROVAL.

OTHER OFFICERS - NONE OF THE OTHER OFFICERS ARE COMPENSATED.

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

FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS & CONFLICT OF INTEREST POLICIES ARE ALL PROVIDED ON OUR WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	1,084,053.
CHANGE IN CASH SURRENDER OF LIFE INSURANCE	12,675.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	3,709.
CHANGE IN THE VALUE OF TRUST AGREEMENTS	-4,574.
TOTAL TO FORM 990, PART XI, LINE 5	1,095,863.

FORM 990, PART XI, LINE 2C: THE FINANCE & ADMINISTRATIVE COMMITTEE COORDINATES THE SELECTION OF THE INDEPENDENT AUDITORS AND REVIEWS THEIR PERFORMANCE FOR RETENTION PURPOSES. THE COMMITTEE ALSO REVIEWS THE ANNUAL AUDIT AND PRESENTS IT TO THE BOARD FOR FINAL APPROVAL. THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.

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

GEAR UP PROGRAM - ADDITIONAL INFORMATION:

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization MUSKINGUM COUNTY COMMUNITY FOUNDATION	Employer identification number 31-1147022
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INCLUDED IN THE FOUNDATION'S PROGRAM SERVICE ACCOMPLISHMENTS AND PROGRAM SERVICE EXPENSES IS THE GEAR UP PROGRAM. ALTHOUGH THIS PROGRAM FULFILLS THE ORGANIZATION'S EXEMPT PURPOSE OF IMPROVING THE QUALITY OF LIFE AND SERVING THE CHARITABLE NEEDS OF THE COMMUNITY, IT IS A SPECIAL PROGRAM OF THE FOUNDATION. THE PROGRAM IS FEDERALLY FUNDED THROUGH THE STATE OF OHIO. GEAR UP IS AN ACRONYM FOR "GAINING EARLY AWARENESS AND READINESS FOR UNDERGRADUATE PROGRAMS." THE 2010 YEAR REPRESENTS THE SIXTH YEAR OF THIS SIX YEAR PROGRAM.

AS NOTED, GEAR UP IS A SPECIAL PROGRAM AND, THUS, IS NOT REFLECTIVE OF THE CORE, TRADITIONAL PROGRAMMING OF THE ORGANIZATION. AS NOTED IN PART III, LINE 4B, THE PROGRAM'S EXPENDITURES TOTALED \$336,064 CONSISTING OF \$313,294 IN GRANTS GIVEN.

THE FOUNDATION CHOSE TO OPERATE GEAR UP AS PART OF ITS MISSION TO SAVE ADDITIONAL OPERATING COSTS OF THE PROGRAM. IF THE FOUNDATION HAD CREATED A SEPARATE ORGANIZATION TO RUN THE PROGRAM, ADDITIONAL COSTS WOULD HAVE BEEN INCURRED TO ADMINISTER THE PROGRAM (SUCH AS INCORPORATION COSTS, FILING FEES AND PROFESSIONAL SERVICE FEES.) THESE ADDITIONAL COSTS WOULD HAVE DECREASED THE FUNDS AVAILABLE TO SERVE THE INTENT OF THE PROGRAM, SPECIFICALLY TO AID THE EDUCATION OF STUDENTS WITHIN MUSKINGUM COUNTY.

Related Organizations and Unrelated Partnerships
 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MCCF LIMITED - 32-0042157 534 PUTNAM AVENUE ZANESVILLE, OH 43701	CHARITABLE - TO HOLD DONATED REAL ESTATE RECEIVED BY THE FOUNDATION	OHIO	0.	304,345.	MUSKINGUM COUNTY COMMUNITY FOUNDATION
MCCF II, LLC - 30-0283871 534 PUTNAM AVENUE ZANESVILLE, OH 43701	CHARITABLE - TO HOLD DONATED REAL ESTATE RECEIVED BY THE FOUNDATION	OHIO	0.	475,991.	MUSKINGUM COUNTY COMMUNITY FOUNDATION
MCCF III, LLC - 45-2460500 534 PUTNAM AVENUE ZANESVILLE, OH 43701	CHARITABLE - TO HOLD DONATED REAL ESTATE RECEIVED BY THE FOUNDATION	OHIO	0.	0.	MUSKINGUM COUNTY COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 other organization(s)	1b	
c Gift, grant, or capital contribution from other organization(s)	1c	
d Loans or loan guarantees to or for other organization(s)	1d	
e Loans or loan guarantees by other organization(s)	1e	
f Sale of assets to other organization(s)	1f	
g Purchase of assets from other organization(s)	1g	
h Exchange of assets	1h	
i Lease of facilities, equipment, or other assets to other organization(s)	1i	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	
n Sharing of paid employees	1n	
o Reimbursement paid to other organization for expenses	1o	
p Reimbursement paid by other organization for expenses	1p	
q Other transfer of cash or property to other organization(s)	1q	
r Other transfer of cash or property from other organization(s)	1r	

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

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of- year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.