

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

OMB No. 1545-0047

2019

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning and ending

| | | | |
|--|---|---|--|
| B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending | C Name of organization MUSKINGUM COUNTY COMMUNITY FOUNDATION | | D Employer identification number 31-1147022 |
| | Doing business as | | E Telephone number 740-453-5192 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 9,932,832. |
| | 534 PUTNAM AVENUE | | |
| | City or town, state or province, country, and ZIP or foreign postal code ZANESVILLE, OH 43701 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| F Name and address of principal officer: BRIAN WAGNER SAME AS C ABOVE | | H(b) Are all subordinates included? Yes No | |

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

J Website: **WWW.MCCF.ORG**

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

| Part I Summary | | Prior Year | Current Year |
|---|--|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE AND SERVE THE CHARITABLE NEEDS OF THE COMMUNITY BY ATTRACTING AND | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 20 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 10 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 40 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 1,848,035. | 1,821,606. |
| | 9 Program service revenue (Part VIII, line 2g) | 246,506. | 250,342. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,587,059. | 1,059,551. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 34,799. | 35,546. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,716,399. | 3,167,045. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,193,241. |
| 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) | | 380,831. | 396,549. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) 137,154. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 668,534. | 1,245,453. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,242,606. | 8,291,757. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,473,793. | -5,124,712. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 30,671,993. | End of Year 26,062,546. |
| | 21 Total liabilities (Part X, line 26) | 3,408,575. | 1,017,078. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 27,263,418. | 25,045,468. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|---|---|--|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | BRIAN WAGNER, CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name LANE A. MCCARTNEY, CPA | Preparer's signature LANE A. MCCARTNEY, C | Date 08/05/20 | Check if self-employed <input type="checkbox"/> | PTIN P02044349 |
| | Firm's name REA & ASSOCIATES, INC. | Firm's EIN 34-1310124 | Firm's address 941 STEUBENVILLE AVE., P.O. BOX 820 CAMBRIDGE, OH 43725-0820 | Phone no. (740)-432-5658 | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF MUSKINGUM COUNTY COMMUNITY FOUNDATION (MCCF) IS TO IMPROVE QUALITY OF LIFE IN THE COMMUNITY BY NURTURING OPPORTUNITIES AND SERVING NEEDS THROUGH COLLABORATION AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 6,936,531. including grants of \$ 6,452,555.) (Revenue \$ 250,256.) FUNDING OF VARIOUS COMMUNITY PROJECTS AND SUPPORT OF NUMEROUS COMMUNITY AND CHARITABLE ORGANIZATIONS INCLUDING: - FOOTBALL FIELD TURF, STADIUM IMPROVEMENTS AND OTHER PROJECTS FOR AREA SCHOOL DISTRICTS - WORKING WITH THE LOCAL SENIOR CITIZENS CENTER TO BENEFIT SENIOR CITIZENS IN NEED. ONCE APPLICATIONS ARE APPROVED, PAYMENTS ARE SUBMITTED DIRECTLY TO THE VENDORS FOR RENT, UTILITY BILLS, MEDICINES ETC. - PROVIDING FUNDING TO SUPPORT LOCAL LITERACY & ART PROGRAMS - FINANCIAL SUPPORT FOR RESEARCH FOR VARIOUS MEDICAL ISSUES.

4b (Code:) (Expenses \$ 197,200. including grants of \$ 197,200.) (Revenue \$ 5,107.) FUNDING FOR SCHOLARSHIP CENTRAL PROGRAM TO ASSIST LOCAL STUDENTS AND THEIR FAMILIES TO PREPARE FOR COLLEGE. IN THE 2019-2020 SCHOOL YEAR, THIS PROGRAM PLACED 1 OHIO COLLEGE GUIDES IN LOCAL HIGH SCHOOLS VIA THE AMERICORPS PROGRAM. THESE GUIDES PROVIDED COLLEGE INFORMATION, GAVE PRESENTATIONS TO LOCAL STUDENTS, MET WITH STUDENTS & THEIR PARENTS TO ASSIST WITH SCHOLARSHIP SEARCHES, COLLEGE APPLICATION & STUDENT AID FORM PREP. DUE TO COVID-19 APPOINTMENTS WERE HELD VIRTUALLY.

4c (Code:) (Expenses \$ 275,287. including grants of \$) (Revenue \$) GAINING EARLY AWARENESS AND READINESS FOR UNDERGRADUATE PROGRAMS (GEAR UP). THIS PROGRAM WORKS WITH STUDENTS FROM THE CROOKSVILLE EXEMPTED VILLAGE SCHOOL DISTRICT TO PREPARE THEM FOR LIFE AFTER HIGH SCHOOL. STUDENTS PARTICIPATE IN COLLEGE VISITS & CAREER FAIRS AS WELL AS EDUCATIONAL ENRICHMENT AND TUTORING ACTIVITIES. STUDENTS ARE MADE AWARE OF DIFFERENT CAREER POSSIBILITIES AND THE TRAINING VARIOUS CAREERS REQUIRE. COMMUNICATION WITH FAMILIES OCCURS TO MAKE THEM AWARE OF OPPORTUNITIES AVAILABLE TO THEIR CHILDREN. FAMILIES ARE ENCOURAGED TO BE INVOLVED IN THE LIVES OF THEIR STUDENTS AND UNDERSTANDING AND SUPPORTIVE OF THEIR NEEDS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,409,018.

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 <i>Schedule B, Schedule of Contributors</i> ? | 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> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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 donor-restricted endowments or in 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line 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 (20); 1b Enter the number of voting members included on line 1a, above, who are independent (20); 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, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b 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 on 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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) CHRIS OLNEY TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (2) TOM POORMAN TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) ALANA RYAN PRESIDENT | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (4) BARB HANSEN TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) BRENTON BAKER TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) PAUL BROWN TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (7) ALTON THOMPSON TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) KARLA FRYE SECRETARY | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (9) SUSAN HOLDREN TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) AL IACOVONE TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) ANITA JACKSON TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) LISA KARLING COUNCIL PRESIDENT | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) ADAM BARCLAY TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) MARY JANE SHACKELFORD TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) EVA SIEBER VICE PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (16) ETHAN WIGAL CYF PRESIDENT | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) SUSAN STUBBINS TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JOHN (YAN) SUN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) JIM WILSON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) GERALDINE ZYLINSKY TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) BO COCONIS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) MEGAN DURST TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) BRIAN WAGNER CHIEF EXECUTIVE OFFICER | 40.00 | | | X | | | | 86,178. | 0. | 0. |
| 1b Subtotal | | | | | | | | 86,178. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 86,178. | 0. | 0. |

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 68,772. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 275,287. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 1,477,547. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 96,480. | | | | |
| | h Total. Add lines 1a-1f | | | 1,821,606. | | | |
| Program Service Revenue | 2 a ADMINISTRATIVE FEES | Business Code | | | | | |
| | | 541900 | 250,342. | 250,342. | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 250,342. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 610,623. | | | 610,623. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 1,600. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | 0. | | | | |
| | c Rental income or (loss) | 6c | 1,600. | | | | |
| | d Net rental income or (loss) | | | 1,600. | | 1,600. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 7,117,892. | | | |
| | | | (ii) Other | 20,000. | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 6,499,774. | 189,190. | | | |
| | c Gain or (loss) | 7c | 618,118. | -169,190. | | | |
| d Net gain or (loss) | | | 448,928. | | 448,928. | | |
| 8 a Gross income from fundraising events (not including \$ 68,772. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 105,748. | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | 76,823. | | | | | |
| c Net income or (loss) from fundraising events | | | 28,925. | | 28,925. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | 900099 | 5,021. | 5,021. | | | |
| | e Total. Add lines 11a-11d | | | 5,021. | | | |
| 12 Total revenue. See instructions | | | 3,167,045. | 255,363. | 0. | 1,090,076. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 6,452,555. | 6,452,555. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 197,200. | 197,200. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 86,178. | 60,324. | 12,927. | 12,927. |
| 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 | 242,099. | 153,056. | 41,083. | 47,960. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 15,709. | 7,069. | 3,299. | 5,341. |
| 9 Other employee benefits | 19,796. | 8,908. | 4,510. | 6,378. |
| 10 Payroll taxes | 32,767. | 19,005. | 4,887. | 8,875. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 86,176. | 10,928. | 64,320. | 10,928. |
| c Accounting | 23,100. | | 23,100. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 257,121. | | 257,121. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 15,810. | 1,581. | 12,648. | 1,581. |
| 13 Office expenses | 53,054. | 5,305. | 42,444. | 5,305. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 42,146. | 4,215. | 33,716. | 4,215. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 9,713. | 971. | 3,894. | 4,848. |
| 20 Interest | 5,468. | | 5,468. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 14,473. | 7,960. | 6,513. | |
| 23 Insurance | 12,548. | 1,255. | 10,038. | 1,255. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SPECIAL PROJECT EXPENSE | 590,763. | 465,177. | 111,632. | 13,954. |
| b BAD DEBT EXPENSE | 87,500. | 8,750. | 70,000. | 8,750. |
| c CONTRACTED SERVICES | 14,689. | 1,469. | 11,751. | 1,469. |
| d UNITRUST ANNUITY | 14,100. | 1,410. | 11,280. | 1,410. |
| e All other expenses | 18,792. | 1,880. | 14,954. | 1,958. |
| 25 Total functional expenses. Add lines 1 through 24e | 8,291,757. | 7,409,018. | 745,585. | 137,154. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|-----------------------|-------------|-----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 462,239. | 1 | 344,315. |
| | 2 Savings and temporary cash investments | 1,230,337. | 2 | 1,069,678. |
| | 3 Pledges and grants receivable, net | 266,685. | 3 | 137,635. |
| | 4 Accounts receivable, net | 49,147. | 4 | 70,155. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 7,182,500. | 7 | 10,000. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 2,344. | 9 | 1,714. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,470,944. | | |
| | b Less: accumulated depreciation | 10b 277,414. | 1,389,975. | 10c 1,193,530. |
| | 11 Investments - publicly traded securities | 19,614,913. | 11 | 22,743,163. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 473,853. | 15 | 492,356. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 30,671,993. | 16 | 26,062,546. | |
| Liabilities | 17 Accounts payable and accrued expenses | 16,677. | 17 | 54,622. |
| | 18 Grants payable | 7,475. | 18 | 2,110. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,537,082. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 847,341. | 25 | 960,346. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,408,575. | 26 | 1,017,078. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 27,104,047. | 27 | 25,015,215. |
| | 28 Net assets with donor restrictions | 159,371. | 28 | 30,253. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 27,263,418. | 32 | 25,045,468. |
| 33 Total liabilities and net assets/fund balances | 30,671,993. | 33 | 26,062,546. | |

Part XI Reconciliation of Net Assets

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

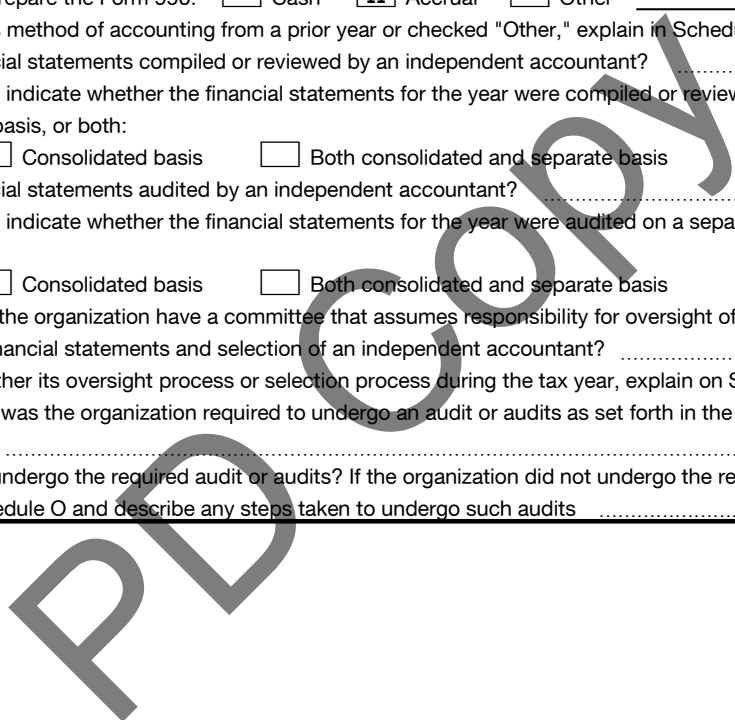
| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,167,045. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,291,757. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -5,124,712. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 27,263,418. |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,932,140. |
| 6 | Donated services and use of facilities | 6 | -60,000. |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 34,622. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 25,045,468. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2019)



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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1472969. | 1701375. | 1483543. | 1848035. | 1820856. | 8326778. |
| 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 | 1472969. | 1701375. | 1483543. | 1848035. | 1820856. | 8326778. |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 8326778. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 1472969. | 1701375. | 1483543. | 1848035. | 1820856. | 8326778. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 585,975. | 595,315. | 612,484. | 764,364. | 610,623. | 3168761. |
| 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 VI.) | 32,169. | 35,922. | 30,844. | 8,949. | 6,621. | 114,505. |
| 11 Total support. Add lines 7 through 10 | | | | | | 11610044. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,599,341. |
| 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 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 71.72 | % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 64.16 | % |
| 16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 VI 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 - 2018. 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 VI 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 10 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 VI.) | | | | | | |
| 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 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2019. 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 - 2018. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | Current Year |
|---|---|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

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" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year | 38 | 22 |
| 2 Aggregate value of contributions to (during year) | 178,021. | 20,873. |
| 3 Aggregate value of grants from (during year) | 137,462. | 13,200. |
| 4 Aggregate value at end of year | 2,566,655. | 526,217. |
| 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" on 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 (for example, recreation or education) Preservation of a 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 7/25/06, 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? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 | 17,667,577. | 18,867,957. | 16,155,496. | 15,269,398. | 16,080,996. |
| b Contributions | 366,974. | 385,151. | 851,799. | 300,956. | 266,097. |
| c Net investment earnings, gains, and losses | 3,806,209. | -607,890. | 2,858,433. | 1,156,525. | -246,956. |
| d Grants or scholarships | 656,738. | 615,830. | 653,973. | 365,104. | 503,714. |
| e Other expenditures for facilities and programs | 154,042. | 149,011. | 144,862. | 29,442. | 25,092. |
| f Administrative expenses | 221,216. | 212,800. | 198,936. | 176,837. | 301,933. |
| g End of year balance | 20,808,764. | 17,667,577. | 18,867,957. | 16,155,496. | 15,269,398. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 12.10 %
 - b Permanent endowment 71.74 %
 - c Term endowment 16.16 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,020,443. | | 1,020,443. |
| b Buildings | | 200,966. | 58,183. | 142,783. |
| c Leasehold improvements | | 121,390. | 105,535. | 15,855. |
| d Equipment | | 77,477. | 66,116. | 11,361. |
| e Other | | 50,668. | 47,580. | 3,088. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,193,530. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ANNUITY LIABILITY | 42,481. |
| (3) FUNDS HELD AS AGENCY ENDOWMENTS | 917,481. |
| (4) CAPITAL LEASE | 384. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

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

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

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

| | | | | |
|---|---|----|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 6,210,630. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 2,932,140. | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 111,445. | |
| e | Add lines 2a through 2d | 2e | | 3,043,585. |
| 3 | Subtract line 2e from line 1 | 3 | | 3,167,045. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | | 3,167,045. |

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

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

| | | | | |
|---|--|----|----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 8,428,580. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 136,823. | |
| e | Add lines 2a through 2d | 2e | | 136,823. |
| 3 | Subtract line 2e from line 1 | 3 | | 8,291,757. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | | 8,291,757. |

Part XIII Supplemental Information.

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

PART V, LINE 4:

TO PROVIDE FINANCIAL SUPPORT FOR THE FUTURE CHARITABLE PURPOSES WHICH THE ORGANIZATION UNDERTAKES.

PART X, LINE 2:

FIN 48:

THE MUSKINGUM COUNTY COMMUNITY FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND HAD NO UNRELATED BUSINESS INCOME SUBJECT TO INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE MANAGEMENT TO EVALUATE

Part XIII Supplemental Information (continued)

THE LEVEL OF UNCERTAINTY RELATED TO WHETHER TAX POSITIONS TAKEN WILL BE SUSTAINED UPON EXAMINATION. ANY POSITIONS TAKEN THAT DO NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD MUST BE QUANTIFIED AND RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF FINANCIAL POSITION ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. MANAGEMENT BELIEVES THAT NONE OF THE TAX POSITIONS TAKEN WOULD MATERIALLY IMPACT THE FINANCIAL STATEMENTS AND NO SUCH LIABILITIES HAVE BEEN RECORDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|----------|
| INCREASE IN CASH SURRENDER VALUE - LIFE INSURANCE | 21,156. |
| CHANGE IN VALUE OF TRUST AGREEMENTS | 13,466. |
| FUNDRAISING EXPENSES NETTED WITH REVENUE | 76,823. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 111,445. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|----------|
| FUNDRAISING EXPENSES NETTED AGAINST REVENUE | 76,823. |
| IN-KIND EXPENSE ELIMINATED FOR 990 | 60,000. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 136,823. |

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 | |
|-----------------|--|---|---------------|------------------|---------------------------------|----------|
| | | 1 / 2 MARATHON DAY | GROUNDHOG DAY | 2 | (add col. (a) through col. (c)) | |
| | | (event type) | (event type) | (total number) | | |
| Revenue | 1 | Gross receipts | 34,854. | 78,619. | 61,047. | 174,520. |
| | 2 | Less: Contributions | 21,770. | 45,002. | 2,000. | 68,772. |
| | 3 | Gross income (line 1 minus line 2) | 13,084. | 33,617. | 59,047. | 105,748. |
| Direct Expenses | 4 | Cash prizes | | | 1,250. | 1,250. |
| | 5 | Noncash prizes | 3,447. | | | 3,447. |
| | 6 | Rent/facility costs | | 950. | | 950. |
| | 7 | Food and beverages | 664. | 931. | | 1,595. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 21,266. | 12,712. | 35,603. | 69,581. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 76,823. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 28,925. | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

Part IV Supplemental Information *(continued)*

PD Copy

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|--|
| ALFRED S. CARR CENTER 1035 BEVERLY AVENUE ZANESVILLE, OH 43701 | 31-4402425 | | 7,653. | 0. | | | GENERAL SUPPORT & TO PURCHASE A VEHICLE FOR NON-EMERGENCY MEDICAL TRANSPORTATION |
| ANIMAL SHELTER SOCIETY 1430 NEWARK ROAD ZANESVILLE, OH 43701 | 31-6040909 | | 6,562. | 0. | | | GENERAL SUPPORT |
| CAPITAL UNIVERSITY 1 COLLEGE AND MAIN COLUMBUS, OH 43209-2394 | | | 5,278. | 0. | | | GENERAL SUPPORT & SCHOLARSHIP AWARDS |
| CHRIST'S TABLE 28 S. SIXTH STREET ZANESVILLE, OH 43702 | 31-1192885 | | 45,795. | 0. | | | GENERAL SUPPORT |
| COLLEGE DRIVE PRESBYTERIAN CHURCH 2 WEST HIGH STREET NEW CONCORD, OH 43762 | | | 5,000. | 0. | | | FOR THE LOVE FUND |
| EAST MUSKINGUM LOCAL SCHOOL DISTRICT - 13505 JOHN GLENN SCHOOL ROAD - NEW CONCORD, OH 43762 | | | 160,000. | 0. | | | GENERAL SUPPORT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **33.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

| 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 |
| EAST MUSKINGUM STUDENT ENDOWMENT 13505 JOHN GLENN SCHOOL RD. NEW CONCORD, OH 43762 | | | 12,750. | 0. | | | GENERAL SUPPORT |
| EASTSIDE COMMUNITY MINISTRY 221 STILLWELL ST. ZANESVILLE, OH 43702-0965 | 31-0952074 | | 14,891. | 0. | | | GENERAL SUPPORT & HELP WITH COSTS FOR SUMMER YOUTH PROGRAM |
| FOREVERDADS 109 MADISON STREET ZANESVILLE, OH 43701-4956 | 20-5022110 | | 5,500. | 0. | | | HVAC PROJECT |
| GENESIS HEALTHCARE FOUNDATION 1135 MAPLE AVENUE ZANESVILLE, OH 43701-9829 | 31-1629304 | | 8,001. | 0. | | | GENERAL SUPPORT |
| GENESIS HEALTHCARE SYSTEM 2503 MAPLE AVE. STE A ZANESVILLE, OH 43701 | 31-1480941 | | 39,569. | 0. | | | GENERAL SUPPORT |
| GRACE UNITED METHODIST CHURCH 516 SHINNICK STREET ZANESVILLE, OH 43701 | 31-4414086 | | 34,605. | 0. | | | GENERAL SUPPORT |
| HEARTBEATS FOR LIFE 2447 MAPLE AVENUE ZANESVILLE, OH 43701 | 31-1002144 | | 10,356. | 0. | | | COVER THE COST OF ITEMS LOST IN FLOODED BASEMENT |
| HOMELESS HANDS OF ZANESVILLE LLC 522 WOODLAWN AVENUE ZANESVILLE, OH 43701 | 82-0827749 | | 15,300. | 0. | | | GENERAL SUPPORT |
| MEADOW FARM UNITED METHODIST CHURCH - 6015 COOPERMILL RD. - ZANESVILLE, OH 43701 | 45-2761937 | | 45,220. | 0. | | | GENERAL SUPPORT & CAPITAL IMPROVEMENTS |

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 HISTORY 115 JEFFERSON STREET ZANESVILLE, OH 43701 | 31-6059490 | | 5,118. | 0. | | | GENERAL SUPPORT |
| MUSKINGUM RECREATION CENTER 1425 NEWARK RD ZANESVILLE, OH 43701 | 27-3457993 | | 4,688,950. | 0. | | | GENERAL SUPPORT |
| MUSKINGUM UNIVERSITY 163 STORMONT NEW CONCORD, OH 43762 | 31-4379515 | | 6,223. | 0. | | | GENERAL SUPPORT, THEATRE CAMP, MUSIC THEATRE & SCHOLARSHIPS |
| MUSKINGUM VALLEY PARK DISTRICT 1720 EUCLID AVENUE ZANESVILLE, OH 43701 | 34-1885396 | | 5,578. | 0. | | | GENERAL SUPPORT & PURCHASE OF A SICKLE BAR MOWER |
| NORTH TERRACE CHURCH OF CHRIST 1420 BRANDYWINE BLVD. ZANESVILLE, OH 43701 | 31-0882044 | | 47,075. | 0. | | | DAYCARE - TUITION SUPPORT FOR THOSE IN NEED |
| PREVENT BLINDNESS OHIO 1500 W. THIRD AVENUE COLUMBUS, OH 43212 | 31-6063433 | | 6,493. | 0. | | | TO SUPPORT RESEARCH TO FIND A CURE FOR (1) MACULAR DEGENERATION, WET & DRY, (2) GLAUCOMA, (3) |
| ST. ANN'S CATHOLIC CHURCH 405 CHESTNUT ST. DRESDEN, OH 43821 | | | 5,000. | 0. | | | GENERAL SUPPORT |
| THE OHIO STATE UNIVERSITY FOUNDATION - 660 ACKERMAN RD. 6TH FLOOR - COLUMBUS, OH 43202 | | | 23,712. | 0. | | | TO SUPPORT RESEARCH TO FIND A CURE FOR (1) MACULAR DEGENERATION, WET & DRY, (2) GLAUCOMA, (3) |
| THE SALVATION ARMY 515 PUTNAM AVE. ZANESVILLE, OH 43701 | 13-2923701 | | 47,782. | 0. | | | GENERAL SUPPORT & WINTER COAT PROJECT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| THE WILDS 1400 INTERNATIONAL ROAD ZANESVILLE, OH 43701 | 31-1113570 | | 8,306. | 0. | | | GENERAL SUPPORT |
| THURSDAY MUSIC CLUB 2060 MONTGOMERY AVENUE ZANESVILLE, OH 43701 | 31-0898519 | | 20,903. | 0. | | | GENERAL SUPPORT & SUPPORT FOR THE MESSIAH PERFORMANCE |
| UNITED WAY OF MUSK., PERRY & MORGAN CO. - 526 PUTNAM AVENUE - ZANESVILLE, OH 43701 | 31-4379456 | | 19,143. | 0. | | | GENERAL SUPPORT |
| UNIVERSITY OF WISCONSIN FOUNDATION PO BOX 78807 MILWAUKEE, WI 53278-0807 | 39-0743975 | | 26,253. | 0. | | | TO SUPPORT RESEARCH TO FIND A CURE FOR (1) MACULAR DEGENERATION, WET & DRY, (2) GLAUCOMA, (3) |
| VILLAGE OF DRESDEN 904 CHESTNUT STREET DRESDEN, OH 43821 | | | 30,701. | 0. | | | SUPPORT FOR THE SENIOR CENTER & REPAIRS TO THE WASTEWATER LIFT STATION |
| ZAAP P O BOX 171 ZANESVILLE, OH 43702-0171 | | | 7,562. | 0. | | | GENERAL SUPPORT |
| ZANE STATE COLLEGE 1555 NEWARK RD. ZANESVILLE, OH 43701 | 31-1106338 | | 14,398. | 0. | | | GENERAL SUPPORT |
| ZANE STATE COLLEGE FOUNDATION 1555 NEWARK ROAD ZANESVILLE, OH 43701 | 31-1106338 | | 27,516. | 0. | | | GENERAL SUPPORT & TO ESTABLISH A SCHOLARSHIP FUND |
| ZANESVILLE CHRISTIAN SCHOOL 2400 CHANDLERSVILLE ROAD ZANESVILLE, OH 43701 | | | 27,303. | 0. | | | TUITION SUPPORT FOR THOSE IN NEED |

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 |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ZANESVILLE HIGH SCHOOL 1701 BLUE AVENUE ZANESVILLE, OH 43701 | | | 18,772. | 0. | | | GENERAL SUPPORT |
| WEST MUSKINGUM HIGH SCHOOL 150 KIMES RD ZANESVILLE, OH 43701 | | | 863,915. | 0. | | | LIGHT THE HILL RENOVATION FOR SPORTS COMPLEX/LOCKER ROOM |
| NEW CONCORD POLICE DEPARTMENT 2 W MAIN STREET NEW CONCORD, OH 43762 | | | 16,550. | 0. | | | FUND K-9 UNIT |
| MUSKINGUM COUNTY SENIOR SERVICES ADVISORY COUNCIL, INC. - 1118 W MAIN STREET - ZANESVILLE, OH 43701 | | | 17,238. | 0. | | | GENERAL SUPPORT |
| GATEWAY TO HEALTH-FIELD OF DREAMS (CARE OF MCCF) - 543 PUTNAM AVENUE - ZANESVILLE, OH 43701 | | | 23,396. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| SCHOLARSHIPS AWARDED TO LOCAL AREA STUDENTS | 182 | 196,700. | 0. | | |
| ARTIST AWARD AS SELECTED BY THE BUCCI/DIETZ SELECTION COMMITTEE | 1 | 500. | 0. | | |

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

PART I, LINE 2:

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 AND/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

Part IV Supplemental Information

PROCEDURES, USING THE APPROPRIATE SELECTION COMMITTEE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PREVENT BLINDNESS OHIO

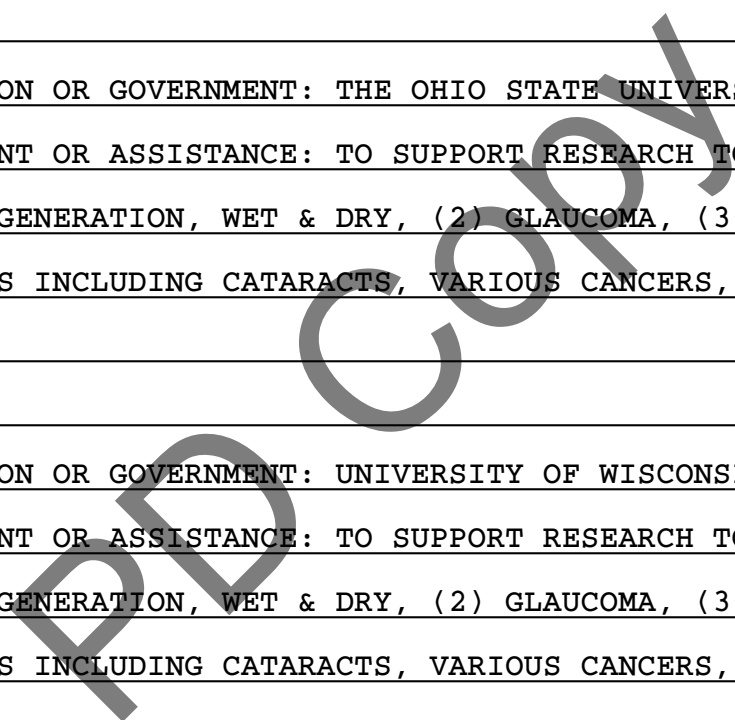
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESEARCH TO FIND A CURE FOR (1) MACULAR DEGENERATION, WET & DRY, (2) GLAUCOMA, (3) ANY ADDITIONAL CAUSES OF BLINDNESS INCLUDING CATARACTS, VARIOUS CANCERS, DIABETIC EYE DISEASE, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: THE OHIO STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESEARCH TO FIND A CURE FOR (1) MACULAR DEGENERATION, WET & DRY, (2) GLAUCOMA, (3) ANY ADDITIONAL CAUSES OF BLINDNESS INCLUDING CATARACTS, VARIOUS CANCERS, DIABETIC EYE DISEASE, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF WISCONSIN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESEARCH TO FIND A CURE FOR (1) MACULAR DEGENERATION, WET & DRY, (2) GLAUCOMA, (3) ANY ADDITIONAL CAUSES OF BLINDNESS INCLUDING CATARACTS, VARIOUS CANCERS, DIABETIC EYE DISEASE, ETC.



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 | 5 | 75,853. | MARKET QUOTED PRICES |
| 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 | 106 | 20,627. | 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**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |

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

Schedule M (Form 990) 2019

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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:

ADMINISTERING CHARITABLE FUNDS.

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

PHILANTHROPY.

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

VARIOUS OTHER ACTIVITIES AND PROGRAMS THAT PROVIDE COMMUNITY SUPPORT
AND ASSISTANCE, WITH NUMEROUS MEMBERS OF THE COMMUNITY BENEFITING.

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

A DRAFT COPY OF THE 990 IS PROVIDED TO ALL MEMBERS OF THE FINANCE AND
ADMINISTRATION COMMITTEES, WHO MEET TO DISCUSS AND REVIEW THE DRAFT AND
MAKES ANY NECESSARY CHANGES. UPON COMMITTEE APPROVALS, THE DRAFT IS MADE
AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS TO REVIEW AND APPROVE PRIOR TO
ITS FILING.

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 MEETS ANNUALLY TO SET SALARIES FOR THE UPCOMING
YEAR. SALARIES ARE SET USING SALARY HISTORIES, PERFORMANCE REVIEWS.

COMMITTEE RECOMMENDATIONS ARE THEN TAKEN TO THE FULL BOARD OF DIRECTORS FOR

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

Schedule O (Form 990 or 990-EZ) (2019)

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

THEIR APPROVAL.

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

FORMS 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, AS WELL AS WWW.GUIDESTAR.ORG. FORMS 990 AND 1023 ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE PROVIDED ON THE ORGANIZATION'S WEBSITE.

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

| | |
|---|---------|
| INCREASE IN CASH SURRENDER VALUE - LIFE INSURANCE | 21,156. |
| CHANGE IN VALUE OF TRUST AGREEMENTS | 13,466. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 34,622. |

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE IN THIS PROCESS SINCE THE PREVIOUS YEAR.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

THE ORGANIZATION

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

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

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

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

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