NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Open to Public

	Revenue						•	Inspection
			dar yea	r, or tax year beginning 07-01 C Name of organization	2008 and ending 06-30-2	009	D Employer id	entification number
_			ase e IRS	MARION COMMUNITY FOUNDATI	ON			
_	Iress cha	lab	el or	Doing Business As			31-44461 E Telephone n	
Nar	me chan		nt or e. See				(7.40) 207	0704
┌ Inıt	ial retur		ecific struc-		ıf maıl ıs not delivered to street ad	dress) Room/suite	(740) 387	ots \$ 1,001,681
┌ Ter	mınatıor	n tio	ns.	504 SOUTH STATE STREET			d dioss receip	7.5 \$ 1,001,001
┌ Am	ended r	eturn		City or town, state or country, a	nd ZIP + 4	l		
Г _{Арг}	olication	pending		MARION, OH 43302				
		<u> </u>	E Nan	L ne and address of Principal O	fficar	l		
				EY C BEBOUT	ilicei	H(a) Is the	s a group retur tes?	n for ┌ Yes
		I		OUTH STATE STREET				, 105 , 110
				N,OH 43302	(1) F 527	' '	l affiliates includ	·
I 18	x-exem	pt status 🗸	501(c)) (3) ◀ (insert no)	(1) or 527			t See instructions)
J W	eb site	e: 🕨 www ma	arionco	mmunityfoundation org		H(c) Grou	p Exemption N	umber 🟲
К Тур	e of orga	anızatıon ✓	Corporat	ion trust association other	•	L Year of Fo	rmation 1998 N	State of legal domicile OH
Pa	rt I		_		oot olamificant activity			
ar.		•		e organization's mission or m	-	iontific literary	and education	al nurnos as Tha
Governance				unity Foundtion is organized of Foundtion is dedicated to fo				
<u>e</u>		managemer	nt and c	distribution of endowed funds	in accordance with the wishe	s of our donors		. ,
臺	2	Check this	box 🖵	ıf the organızatıon dıscontınu	ed its operations or dispose	d of more than 2	5% of its asse	ts
ទី	3	Number of v	oting r	nembers of the governing boo	ly (Part VI, line 1a)		3	15
න් රෙ	4	Number of ı	ndepen	dent voting members of the g	overning body (Part VI, line	1b)	. 4	15
Activities &	5	Total numb	erofen	nployees (Part V , line 2a) .			5	3
\$	6	Total numb	erofvo	lunteers (estimate if necessa	ary)		6	12
व	7a	Total gross	unrela	ted business revenue from Pa		7a	0	
	b	Net unrelat	ed busi	ness taxable income from Fo	rm 990-T, line 34		7b	0
						Prio	r Year	Current Year
_	8	Contributi	ons and	d grants (Part VIII, line 1h)		1,210,933	594,122	
Revenue	9	Program s	ervice	revenue (Part VIII, line 2g)		-	0	0
9.50	10	Investmer	nt incor	me (Part VIII, column (A), lın		1,075,598	404,526	
芷	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						6,663	3,033
	12		nue —a	dd lines 8 through 11 (must e	qual Part VIII, column (A),	line	2 202 104	1 001 691
	42	12)	-ابحداء		······ (A.) lines 1 2)		2,293,194	1,001,681
	13			ar amounts paid (Part IX, colu or for members (Part IX, colur			380,476	590,573
	14	•		, ,	,			0
\$	15	Salaries, c	otnerco	ompensation, employee benef	its (Part 1X, column (A), line	5 5 -	120,681	133,915
ý Æ	16a	Profession	nal fund	raising fees (Part IX, column	(A), line 11e)		o	0
Expenses	ь			penses, Part IX, column (D), line 25				
ш	17	•		(Part IX, column (A), lines 11	·		300,319	253,584
	18			add lines 13–17 (must equa)	801,476	978,072
	19			penses Subtract line 18 from		<i>'</i>	1,491,718	23,609
<u>8</u> 4	<u> </u>		^ F			Beginni	ng of Year	End of Year
9 de 6	20	Total	te /Po-	rt X, line 16)		Deg	15,119,700	
3 TE			•	,		<u> </u>		12,761,695
Net Assets or Fund Balances	21		-	Part X, line 26)			1,212,492	1,307,126
	22			d balances Subtract line 21	13,907,208	11,454,569		
Pai	rt II	Signatu						
				rgury, I declare that I have examine correct, and complete Declaration of				
Plea	se	lk –			•	2010-	-05-12	-
Sign		Signature	of office	er		Date		
Here	9	Bradley C	Bebout	President CEO				
				e and title				
		Preparer's 👠			Date	Check If	Preparer's PTIN	(See Gen Inst)
Paid		signature	Diane	Mault	2010-05-12	self- empolyed •		
Prepa	arer's	Fırm's name	(or vour	s L Diane Mault Tax Service		Jp.51, Cu. F		
Use (if self-employ	ed),	P			EIN 🕨	
	•	address, and	Z1P + 4	2705 Marion Waldo Road			Phone no ▶ (740) 389-2435
		<u> </u>		Marion, OH 43302				<u>, </u>
May t	he IRS	S discuss th	nıs retu	rn with the preparer shown ab	ove? (See instructions) .			▼ Yes

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

	Briefly describe the organization's mission				
	The Marion Community Foundation is dedicated acceptance, management and distribution of ei				r planned giving through
	acceptance, management and distribution of ci	idowed fallas ili decorda	nee with the wishes or our	deliois	
2	Did the eventuation undertake and ex			r which ware not listed on	
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .		ervices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services				, 100 , 110
2			t abangaa in bawit aar	ndusts one program	
3	Did the organization cease conducting services?			nducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S				, 100 , 110
4	•				
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization				
	others, the total expenses, and reven				and anocations to
	,	, .,	,		
4a	(Code) (Expenses \$	827,943	ıncludıng grants of \$	542,378) (Revenue \$	921,546)
	The organization has two primary program s	ervices The first being o	ur Grant Program Consiste	ent with the organization's mission,	each year grants are warded
	through a grant application process from the	organization's endowme	ent funds in accordance with	h the organization's spending policy	and the wishes of the donors
4b	(Code) (Expenses \$	71,995	including grants of \$	48,195) (Revenue \$	80,134)
	The organization's second program is our Sch				
	various students meeting the qualifying crite applications and determine the acceptable re				
	schools and colleges				
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d	Other program services (Describe i	n Schadula O N			
TU	(Expenses \$ 0	including grants o	of ¢	O) (Revenue \$	0)
					U)
4e	Total program service expenses \$	899,93	8 Must equal Part IX,	, Line 25, column (B).	

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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
L	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
D	1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
9	year?	 		
э a	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
42-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

section A. Governing	Body and Management	

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 15			
ь	Enter the number of voting members that are independent 15			
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?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		o N
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	11		Nο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OH
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Bradley Bebout 504 S State Street Marion, OH 43302 (740) 387-9704

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- * 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	on at Institutional Trustee	ohec pply) Officei)	Highes employ	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Rex Parrott , Trustee	1 00	Х		Х				0	0	0
Sue Jacob , Trustee	1 00	Χ						0	0	0
Tom Johnston , Trustee	1 00	Х						0	0	0
Phyllis Butterworth , Trustee	1 00	Χ						0	0	0
Susan Brown , Trustee	1 00	X						0	0	0
Anne Davy , Trustee	1 00	Χ		Х				0	0	0
Henry Heinzmann , Trustee	1 00	Χ						0	0	0
James Barney , Trustee	1 00	Χ						0	0	0
Scott Yancy , Trustee	1 00	Х		Х				0	0	0
Violet Griffith , Trustee	1 00	X						0	0	0
Doug Ford , Trustee	1 00	Х						0	0	0
Larry Geissler , Trustee	1 00	Х		Х				0	0	0
Ted Graham , Trustee	1 00	X						0	0	0
Ron Cramer , Trustee	1 00	Х						0	0	0
Thomas Jenkins , Trustee	1 00	Х						0	0	
Bradley Bebout , President CEO	40 00			Х	Χ			76,876	0	3,396

Part VIII Continued

		1	(ition that a	•					(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total			•	-			>	76,876	0	3,396

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization**►**0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 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	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
		_
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	0

0

Statement of Revenue

					I			
					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
25 25	1a	Federated camp	paigns 1a	0				
an Tu	Ь	Membership du	es . 1b	0				
ಕ್ಕ	c		ents 1c					
E E E	d		ations 1d					
	e	Government grants						
Si's	١							
真っ	f	similar amounts no	ons, gifts, grants, and 1f included above	594,122 ———————————————————————————————————				
音号	g		butions included in					
펄	١.		0	_	594,122			
ु ल	h	Total (Add line:	s 1a-1f)		594,122			
ns.				Business Code				
Ě	2a							
9,3	ь							
a E	С							
ξ	d							
Ŧ	e							
ᇣ	f	All other progra	ım service revenue					
200	Ι΄.	All other progra	im service revenue					
ΔŤ	g		2a-2f	> \$				
	3	0 Investment inc	ome (including dividen	do interest				
			nounts)	·	404,526	404,526	0	0
	4		tment of tax-exempt bond		0	0	0	0
					0	0	0	0
		Royalties	(ı) Real	(II) Personal	-	_	_	_
	6a	Gross Rents	(I) Keal	(II) F ersonar				
	b	Less rental						
	-	expenses	0	0				
	C	Rental income or (loss)	0	U				
	d	Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or						
		other basis and sales expenses						
	c	Gain or (loss)	0	0				
	d	Net gaın or (los	s)					
Other Revenue Program Service Revenue and other similar amount	8a	Gross income fi						
		events (not incl \$ of contributions	luding reported on line 1c)					
ž		See Part IV, lin	e 18 <i>G ıf total exceeds</i>					
क >-			a	0				
쮼	Ь		penses b	0				
<u>.</u>	c		loss) from fundraising	Levents ▶				
₹	9a		rom gaming activities					
_		See part IV, lın	e 19					
		\$15,000	ule G if total exceeds					
		<i>4</i> /	а					
	ь	Less direct exp	penses b					
	c		loss) from gaming activ	vities				
Other Revenue	10a	Gross sales of returns and allo	wances .					
	_	100	a b					
	b c		oods sold b loss) from sales of inve	entory				
	<u> </u>	Miscellaneous		Business Code				
	112		ntinued operations	622,000	3,033	3,033		
Other Revenue Program Service Revenue			numueu operations					
	Ь							
	c							
	_	Λ II ο + b - τ						
	d	All other revenu		\$				
	e			3,033				
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	1,001,681	407,559	0	0

Form 990 (2008) Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re				
Do r	ot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	590,573	590,573		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	77,707	54,395	19,427	3,885
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	32,708	22,896	0	1,635
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,396	2,377	849	170
9	Other employee benefits	11,472	8,030	2,868	574
10	Payroll taxes	8,632	6,042	2,158	432
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	4,750	4,750	0	0
С	Accounting	31,743	22,220	7,936	1,587
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	125,874	125,874	0	C
g	Other	0	0	0	0
.2	Advertising and promotion	36,937	25,856	9,234	1,847
.3	Office expenses	3,903	2,732	976	195
L 4	Information technology	4,045	2,832	1,011	202
. 5	Royalties	0	,	0	0
.6	Occupancy	29,236	20,465	7,309	1,462
L7	Travel	1,273	891	318	64
L8	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
L9	Conferences, conventions and meetings	2,644	1,851	661	132
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,529	0	1,529	0
23	Insurance	7,931	5,551	1,983	397
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Dues	3,016	2,111	754	151
b	Other Misc Exp	703	492	176	35
c					
d					
e					
d					
e					
e					
f	All other expenses	1			
25	Total functional expenses. Add lines 1 through 24f	978,072	899,938	65,366	12,768
<u>26</u>	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	370,072	077,738	03,300	12,708
	fundraising solicitation				orm 990 (2008

Part X	Balance	Shoot

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			955,394		678,494
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		loyees or	0		0
	6	Receivables from other disqualified persons (as defined under se	ction 495		0		0
	7	persons described in section 4958(c)(3)(B) Complete Part II of S Notes and loans receivable, net	chedule L		0		0
	8	Inventories for sale or use		_	0	8	0
S	9	Prepaid expenses and deferred charges		_	5,387	9	5,381
ssets	10a	Trepara expenses and deterred enarges	• •		-,		-,
Ass	IVa	Land, buildings, and equipment cost basis	10a	18,489			
	ь	Less accumulated depreciation Complete Part VI of		44747	5 004		0.770
		Schedule D	10b	14,717	· · · · · · · · · · · · · · · · · · ·		3,772
	11	Investments—publicly traded securities		•	14,153,618		12,074,048
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	rt VII of			12	
	13	Investments—program-related See Part IV, line 11 $\it Complete Peters$ of Schedule D .	rt VIII		0	13	
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			15,119,700	16	12,761,695
	17	Accounts payable and accrued expenses .			5,876	17	5,312
	18	Grants payable			299,264	18	328,164
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
eS	21	Escrow account liability Complete Part IV of Schedule D			0	21	0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u>. E</u>		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable			0	24	0
	25	Other liabilities Complete Part X of Schedule D			907,352	25	973,650
	26	Total liabilities. Add lines 17 through 25			1,212,492		1,307,126
_		Organizations that follow SFAS 117, check here ▶ ✓ and compl	ete lines	27			<u> </u>
Ą		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			13,907,208	27	11,454,569
න ග	28	Temporarily restricted net assets			0	28	0
፱	29	Permanently restricted net assets			0	29	0
Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	l complet	e			
ō	30	Capital stock or trust principal, or current funds	_			30	
ęţ	31	Paid-in or capital surplus, or land, building or equipment fund.				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fur				32	
7 X	33	Total net assets or fund balances	143		13,907,208		11,454,569
Net	34	Total liabilities and net assets/fund balances			15,119,700		12,761,695
] 34	i otal nabilities and het assets/fully balances			15,119,700	J4	12,701,093
Da	rt VI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
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?	За		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133024370

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Public Charity Status and Public Support

Open to Public Inspection

		e organizati MUNITY FOUN						Em	Employer identification number			
MAKI	JN COM	MUNIIY FUUN	DATION					31	-4446189	a		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganizatio					
The	organiz			ation because it is (Please								
1	Γ	A church, o	onvention of ch	nurches, or association of ch	nurches de	scribed in	Section 1	L70(b)(1)	(A)(i).			
2	Γ	A school de	escribed in Sec l	tion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperativ	e hospital service organizati	ion descri	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Γ	A medical i	research organi	zation operated in conjuncti	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's i	name, city, and	state								
5	Γ	Anorganiza	ation operated 1	for the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın	
		Section 17	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt desci	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	▽	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	
		describedi	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% c	fits supp	ort from c	ontribution	ns, membe	rship fees	, and gross	
		receipts fro	om activities re	lated to its exempt functions	s — s ubject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (Se	ee instruc	tions)	
11	\sqcap			and operated exclusively fo								
				orted organizations describe						Section 5	09(a)(3). Ch	eck
		a T		type of supporting organiza			nes lle t nally Integ		n d	□ Type	III - Other	
e	Г		• •	rtify that the organization is			-					
Ū	,	•	-	agers and other than one or			•			•	•	
		section 50										
f		_		d a written determination fro	om the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organizatio	'n,
g		check this		as the organization accepte	d any dift	or contrib	ution from	any of the	1			,
9		following pe		as the organization accepts	a a, g	0. 00	40000	u., o	•			
		(i) a perso	n who directly o	r indirectly controls, either	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes N	<u> </u>
		and (III) be	low, the govern	ng body of the the supported	d organıza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	,?					11g(ii)	
		(iii) a 35%	controlled ent	ty of a person described in ((ı) or (ıı) a	bove?				11g(iii)	
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports					
				T	ı		1		ı		1	
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify		s the	(vii) A mour	
		orted ization		(described on lines 1-9 above or IRC section	_	ation in Iisted in	the orga) of your		ation in rganized	support?	
	o i gaii	Lution		(See Instructions))		verning	supp			US?		
					docui	nent?					1	
					Yes	No	Yes	No	Yes	No		
				1	I	I	1	I	I		İ	

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu tile box oi	1 line 3, 7, 01	o or Part 1.)				
	iblic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	592,978	269,547	287,593	1,210,933		594,122	2,955,173
	membership fees received (Do not include any "unusual grants")	392,976	209,547	207,393	1,210,933		394,122	2,933,173
2	Tax revenues levied for the organization's							
2	benefit and either paid to or expended on	o	0	0	0		o	0
	its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the	0	0	0	0		0	0
	organization without charge							
4	Total. Add line 1-3	592,978	269,547	287,593	1,210,933		594,122	2,955,173
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
6	(f) Public Support subtract line 5 from line							
U	4							2,955,173
To	otal Support						•	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	592,978	364,466	287,593	1,210,933		594,122	2,955,173
8	Gross income from interest, dividends,							
•	payments received on securities loans,	360,925	364,466	401,839	435,420		404,526	1,967,176
	rents, royalties and income from similar	300,923	304,400	401,659	433,420		404,320	1,907,170
	sources							
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	7,655	1,569	3,974	6,663		3,033	22,894
	Part IV)	,,033	1,303	3,3,7	0,003		3,033	22,051
11	Total Support (Add lines 7 through 10)							4,945,243
12	Gross receipts from related activities, etc	(See instruction	<u> </u>		ı	12	1	· · ·
				J 6			21	
13	First Five Years. If the Form 990 is for the organization, check this box and stop here	organization's fir	st, secona, tnire	a, rourth, or fifth	tax year as a 5	O I (c)(▶ ┌
	organization, check this box and stop here						,	-,
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	olumn (f))		14		59.758 %
15	Public Support Percentage for 2007 Sched		·	. , ,				
	· · · · · · · · · · · · · · · · · · ·	•	•			15		49.18 %
16a	33 1/3% Test - 2008. If the organization did				3 1/3% or more,	check	this box	⊭ ▽
h	and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization div		-		I F 10 33 1/20/ o	r moro	chack the	•
U	box and stop here. The organization qualified			•	15 15 55 1/370 0	i illore	, check till	` ▶□
17a	10% Facts and Circumstances Test - 2008.				3.16a.or16b.a	and line	e 14 is 10°	
	more, and if the organization meets the "fac	-						
	organization meets the "facts and circumst							► □
ь	10% Facts and Circumstances Test - 2007.							s 10% or
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							► □
18	Private Foundation. If the organization did	not check the bo	x on line 13, 16	a, 16b, 17a or	17b, check this	box a	nd see	<u>.</u> —
	instructions							▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

The Foundtion previusly owned and operated a nonprofit acute care hospital. In 1998 and 1999, the Foundation sold the assets of the Hospital and Pharmacies. The patient accounts receivable that was outstanding at that time have subsequently continued to be collected and the Foundation reports this as income from discontinued services under misc. Income

Schedule A (Form 990 or 990-EZ) 2008

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public Inspection

Schedule D (Form 990) 2008

	me of the organization RION COMMUNITY FOUNDATION		Employer identification number				
MI	RION COMMONITY TOUNDATION		31-4446189				
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accoun	ts. Complet	e if the		
		(a) Donor advised funds	(b) Funds and	other accoun	ts		
1	Total number at end of year	10			86		
2	Aggregate Contributions to (during year)	77,568		į	516,554		
3	Aggregate Grants from (during year)	6,885		Į.	83,689		
4	Aggregate value at end of year	390,824		12,0	52,395		
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised	✓ Yes	┌ No		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be			∀ Yes	□ No		
Da	rt II Conservation Easements. Complete	of the organization answered "Ves"	to Form 990 Part		, 110		
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualon the last day of the tax year	organization (check all that apply) tion or pleasure) Preservation of a Preservation of c	n historically importa ertified historic struc	antly land area	a		
	on the last day of the tax year		Held	at the End of	the Year		
а	Total number of conservation easements		2a				
ь	Total acreage restricted by conservation easemen	ts	2b				
c	Number of conservation easements on a certified h		2c				
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d				
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminat	ed by the organization	on during			
	the taxable year 🕨	, , ,	, ,	5			
4	Number of states where property subject to conserv	ation easement is located ►					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds	- · · · · · · · · · · · · · · · · · · ·	lations, and	☐ Yes	┌ No		
6	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during th	e year ►				
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the y	ear ►\$				
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of se	ction	☐ Yes	┌ No		
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia					
Par	t III Organizations Maintaining Collection Complete if the organization answered		or Other Simila	r Assets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch in furtherance of		٠,		
Ь	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research					
	(i) Revenues included in Form 990, Part VIII, line	1	► \$				
	(ii) Assets included in Form 990, Part X		► \$				
2	If the organization received or held works of art, his following amounts required to be reported under SFA		or financial gain, pro	vide the			
а	Revenues included in Form 990, Part VIII, line 1		► \$				

Cat No 52283D

ar	Organizations Maintaining Collections	of Art, His	<u>stori</u>	<u>cal Treasur</u>	es, or Other	<u>r Similar Asse</u>	ts (co	ntınued)
3	Using the organization's accession and other records, citems (check all that apply)	heck any of th	ne foll	owing that are	a sıgnıfıcant us	se of its collection		
а	Public exhibition	d	Γ	Loan or excha	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections a Part XIV	nd explain ho	w the	further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive dassets to be sold to raise funds rather than to be mainta					ılar	Yes	┌ No
Pai	t IV Trust, Escrow and Custodial Arranger				ızatıon answ	ered "Yes" to Fo	rm 9	90,
	Part IV, line 9, or reported an amount on l	•						
la	Is the organization an agent, trustee, custodian or othe included on Form 990, Part X?		forc	ontributions or	other assets r	ot	Yes	Г No
b	If "Yes," explain why in Part XIV and complete the follo	wing table						
						A mou	nt	
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
а	Did the organization include an amount on Form 990, P	art X, line 21?				Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV							
₽a	rt V Endowment Funds. Complete if the orga							
	(a)Currer)Prior	Year (c)Two	Years Back (d)	hree Years Back (e)	Four Ye	ears Back
.a		3,907,208						
b	Contributions	597,155						
C		2,071,722						
d	Grants or scholarships	590,573						
e	Other expenditures for facilities and programs	334,764						
f	Administrative expenses	52,733						
g	· · · · · · · · · · · · · · · · · · ·	1,454,571						
9	Provide the estimated percentage of the year end balan	ce held as						
а	Board designated or quasi-endowment ► 7 %							
	board designated of quasi-endowment F							
b	Permanent endowment P							
C	remi endowment 🛌					- L		
la	Are there endowment funds not in the possession of the organization by	organization	tnata	re neid and ad	ministered for	ine	Yes	No
	(i) unrelated organizations					3a(i)		Νο
	(ii) related organizations					3a(ii)		Νo
b	If "Yes" to 3a(II), are the related organizations listed as	required on S	Sched	ule R?		3b		
	Describe in Part XIV the intended uses of the organizat							
a i	t VI Investments—Land, Buildings, and Eq	uipment. S	ee F	orm 990, Pai	t X, line 10.			
	Description of investment) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
.a	Land			0	0			(
b	Buildings			0	0	0		(
c	Leasehold improvements			0	0	0		(
d	Equipment			0	18,489	14,717		3,772
e	Other			0	0	0		C

3,772

	Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial d	erivatives and other financial products			
	ld equity interests			
Other				
Total (Colum	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Total. (Colar	in (b) should equal to the 950, rate A, cor (b) line 12)			
Part VIII	Investments—Program Related. Se	e Form 990, Part X, line		
	(a) Description of investment type	(b) Book value		d of valuation
			Cost or ena-or-	year market value
Total (Colum	man (b) abouted around Forms 0000 Port V and (D) leng 12)			
Part IX	mn (b) should equal Form 990, Part X, col (B) line 13) F Other Assets. See Form 990, Part X, Ii			
Ture 2A	(a) Descri			(b) Book value
	ımn (b) should equal Form 990, Part X, col.(B) lıne			
Part X		1	1	
	(a) Description of Liability	(b) A mount	-	
	come Taxes	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-	
Agency Lia	IDIIITIES	973,650	-	
			-	
			1	
			1	
			1	
			-	
			1	
			1	
			1	
Total (Colum	mn (h) should equal Form 990. Part V col (P) line 35) .	070.670	-	
TOTAL (COIUI	mn (b) should equal Form 990, Part X, col (B) line 25)	973,650	j	

2 978,072 3 5 5 5 3 3 3 3 3 3	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,001,681
Net unrealized gams (losses) on investments	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	978,072
Donated services and use of facilities 6 0 0 0 0 0 0 0 0 0	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	23,609
The first state of the content of	4	Net unrealized gains (losses) on investments	4	-2,476,248
Total adjustments Park XIV Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	5	Donated services and use of facilities	5	0
Solution Part XIV 6	Investment expenses	6	0	
Total adjustments (net) Add lines 4 - 8 9 -2,476,248 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 -2,452,639 2-4,76,248 10 -2,452,639 2-4,76,248 10 -2,452,639 2-4,76,248 10 -2,452,639 2-4,76,248 2-4,7	7	Prior period adjustments	7	0
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 -2,452,639	8	Other (Describe in Part XIV)	8	0
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	9	Total adjustments (net) Add lines 4 - 8	9	-2,476,248
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,452,639
A mounts included on line 1 but not on Form 990, Part VIII, line 12 2a	Par		er R	eturn
Net unrealized gains on investments	1	Total revenue, gains, and other support per audited financial statements	1	-1,474,567
b Donated services and use of facilities 2b 0 c Recoveries of prior year grants 2c 0 d Other (Describe in Part XIV) 2d 0 e Add lines 2a through 2d 2e -2,476,248 3 Subtract line 2e from line 1 3 1,001,681 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 0 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 b Other (Describe in Part XIV) 4b 0 c Add lines 4a and 4b 4c 0 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 5 1,001,681 5 Total expenses and losses per audited financial statements xit xit 9 978,072 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 0 4 978,072 a Prior year adjustments 2a 0 4 978,072 b Prior year adjustments 2a	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 0 d Other (Describe in Part XIV) 2d 0 e Add lines 2a through 2d 2e -2,476,248 3 Subtract line 2e from line 1 3 1,001,681 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 0 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 b Other (Describe in Part XIV) 4b 0 c Add lines 4a and 4b 4c 0 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 1,001,681 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 978,072 a Donated services and use of facilities 2a 0 4a 0 b Prior year adjustments 2a 0 4a 0 c Losses reported on Form 990, Part IX, line 25 2c 0 0	а	Net unrealized gains on investments		
d Other (Describe in Part XIV) 2d 0 e Add lines 2a through 2d 2e -2,476,248 3 Subtract line 2e from line 1 3 1,001,681 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 0 b Other (Describe in Part XIV) 4b 0 c Add lines 4a and 4b 4c 0 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 1,001,681 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 978,072 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 0 b Prior year adjustments 2a 0 c Losses reported on Form 990, Part IX, line 25 2c 0 d Other (Describe in Part XIV) 2d 0 e Add lines 2a through 2d 2e 0 s Subtract line 2e from line 1 3 978,072 <th>b</th> <th>Donated services and use of facilities</th> <th></th> <th></th>	b	Donated services and use of facilities		
e Add lines 2a through 2d 2e -2,476,248 3 Subtract line 2e from line 1 3 1,001,681 4 A mounts included on Form 990, Part VIII, line 12, but not on line 1 4a 0 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 4c 0 b Other (Describe in Part XIV) 4b 0 4c 0 c Add lines 4a and 4b 0 4c 0 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 1,001,681 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part IX, line 25 5 1 978,072 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 0 0 0 0 1 978,072 a Donated services and use of facilities 2a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C	Recoveries of prior year grants		
Subtract line 2e from line 1	d	Other (Describe in Part XIV) 2d 0		
A mounts 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 0 b Other (Describe in Part XIV)	е	Add lines 2a through 2d	2e	-2,476,248
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0 0 b Other (Describe in Part XIV)	3	Subtract line 2e from line 1	3	1,001,681
b Other (Describe in Part XIV) 4b 0 c Add lines 4a and 4b 4c 0 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 1,001,681 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 978,072 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 0 a Donated services and use of facilities 2a 0 b Prior year adjustments 2a 0 c Losses reported on Form 990, Part IX, line 25 2c 0 d Other (Describe in Part XIV) 2d 0 d Add lines 2a through 2d 2e 0 3 Subtract line 2e from line 1 3 978,072 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 0 a Inve	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV) 4b 0		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	c		4c	0
Total expenses and losses per audited financial statements				
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities				
a Donated services and use of facilities .			1	978,072
b Prior year adjustments				
c Losses reported on Form 990, Part IX, line 25 2c 0 d Other (Describe in Part XIV) 2d 0 e Add lines 2a through 2d 2e 0 3 Subtract line 2e from line 1 3 978,072 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 978,072 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 b Other (Describe in Part XIV) 4b 0 c Add lines 4a and 4b 4c 0 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 978,072				
dOther (Describe in Part XIV)2d0eAdd lines 2a through 2d2e03Subtract line 2e from line 13978,0724A mounts included on Form 990, Part IX, line 25, but not on line 1:4a0aInvestment expenses not included on Form 990, Part VIII, line 7b4a0bOther (Describe in Part XIV)4b0cAdd lines 4a and 4b4c05Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5978,072				
e Add lines 2a through 2d	_			
3 Subtract line 2e from line 1		· · · · · · · · · · · · · · · · · · ·		
4 A mounts 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				
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 b Other (Describe in Part XIV)			3	978,072
b Other (Describe in Part XIV) 4b 0 c Add lines 4a and 4b 4c 4c 0 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 978,072				
c Add lines 4a and 4b				
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		,	1-	
· · · · · · · · · · · · · · · · · · ·				
			5	9/8,0/2

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The intended use of the endowment funds is to enhance the quality of life for the greater Marion, O hio area by fostering philanthrophy by providing a vehicle for planned giving through acceptance, management, and distribution of endowed funds in accordance with the wishes of its donors
SchD_P10_S00_L00	Schedule D, Part X	As permitted by FASB Staff Position FIN 48-3, the Foundation has elected to defer the implementation of FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes Accordingly, the Foundation evaluates all tax positions in conformity with FASB Statement No 5, Contingencies, which requires recording tax liabilities that are probable and can be reasonably estimated At June 30, 2009, the Foundtion believes that no such accruals are required

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Part I General Information on Grants and Assistance

the selection criteria used to award the grants or assistance?

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493133024370

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization
MARION COMMUNITY FOUNDATION

Employer identification number
31-4446189

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

2 Describe in Part IV the or	ganızatıon's proce	dures for monitoring the	e use of grant funds in th	ne United States			
	V, line 21 for an edule I-1 if addit	y recipient that rece conal space is			res. Complete if the of fino one recipient rec		
		T		T	1	, I	1
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Center Street Community Clinic205 West Center St Marion, OH 43302	34-1751179	501c3	135,200	0			Medical & Dental Services assistance
Prairie Parks Foundation222 West Center St Marion, OH 43302	34-1844093	501c3	60,651	0			General Charitable Purpose
Ohio Heartland Action Commission372 East Center Street Marion, OH 43302	34-0978820	501c3	53,000	0			General Charitable Purpose
Marion Technical College 1467 Mt Vernon Ave Marion, OH 43302	31-0798878	501c3	50,000	0			Assistance with implementation of Health Tech Center
Adolescent Pregrancy Program498 N Main St Marion,OH 43302	31-1036853	501c3	50,000	0			Prevention of adolescent pregnancies
Marion Area Counseling Center320 Executive Dr Marion,OH 43302	31-0937618	501c3	40,000	0			Victim assistance
Palace Theater276 West Center St Marion, OH 43302	23-7456843	501c3	31,430	0			Renovations to building, elevator
Marion Youth Development 370 East Mark Street Marion,OH 43302	31-1423275	501c3	30,000	0			Developing Healthy Habits in Youth
Johnson-Rudd Complex6342 Marion Agosta Rd Marion,OH 43302	31-1692929	501c3	20,000	0			Charitable Purpose
Salvation Army317 West Church Street Marion,OH 43302	13-5562351	501c3	5,198	0			Food Drive
Royal Family Kids Camp 2303 Marion Mt Gilead Rd Marion, OH 43302	33-0380021	501c3	7,500	0			Summertime Kids Camp for Youth
City Health Department98 McKinley Park Blvd Marion, OH 43302	34-6400076		9,375	0			Pre-natal safety net
2 Enter total number of sect	:ion 501(c)(3) and	government					1:

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02		The organization requests that each quarter upon receipt of their quarterly grant payment, the receipent organization reports its progress in achieving its grant's purpose

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133024370

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization MARION COMMUNITY FOUNDATION

Employer identification number

31-4446189

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10		A copy of Form 990 is provided to each member of the organization's board of trustees prior to filing. Each board member is asked to review the draft and encouraged to ask questions.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Every year, board members, employees, committee members, and consultants are required to submit a disclosure statement advising of all affiliations and potential conflicts of interest

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	l '	Every year, a committee composed of selected board members conducts a job performance review of the President/CEO. They gather comments from the entire board of trustees, consult nationwide surveys of foundations, and submit wirtten questions to the President/CEO. The committee reviews the data and information, deliberates, and formulates recommendations for the entire board of trustrees regarding compensation.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19		The governing documents, conflice of interest policy are available to the public at the organization's office upon request. The financial statements per the year end audit are available to the public on the organization's website.