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Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

2009 Open to Public Inspection

OMB No 1545-0047

				topolising toquit		11130000011
<u>A</u>	For the 200	9 cal <u>endar y</u> e	ear, or tax year beginning , and ending			
В	Check if applica		C Name of organization		D Emplo	yer identification number
	Address chang	e use IRS	MERCER COUNTY CIVIC FOUNDATION			
$\exists$	Name change	print or	Doing Business As		34-	-6539139
$\equiv$	-	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	none number
닏	Initial return	See	PO BOX 439		419	-586-9950
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	expts \$ 395,615
	Amended retur		CELINA OH 45822			
=		E Nome	e and address of principal officer		H(a) Is this	a group return for
Ш	Application per	aing			affihat	
					H(b) Are all	affiliates
						attach a list. (see instructions)
	Tax-exempt	etatus X	501(c) ( <b>3</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527		,	attach a loc (occ alcadedollo)
÷	Website: ▶		301(c) ( 3) 4 (msert no)   4347(a)(1) (iii )   327		H(c) Croup	exemption number
		-	poration Trust Association Other ▶ L	Year of formation 1	960	
	Type of organi	Summa		rear oi iormauon 🗻	300	M State of legal domicile OH
						<del></del>
		-	ne organization's mission or most significant activities			
ø	c	OMMUNIT	Y FOUNDATION			
ä						
Governance						
Š	2 Che	ck this box 🕨	$\cdot$ $\;$ if the organization discontinued its operations or disposed of more than 25%	of its net assets	· .	
න්		ber of voting	members of the governing body (Part VI, line 1a)		3	
SS.		ber of indep	endent voting members of the governing body (Part VI, line 1b)		4	
Ę	5 Tota	I number of e	employees (Part V, line 2a)		5	5
Activiți	6 Tota	I number of v	volunteers (estimate if necessary)		6	
4 (	¥		ated business revenue from Part VIII, column (C), line 12		7a	
:	اسطه	-	siness taxable income from Form 990-T, line 34		7b	0
_	כו			Prior Ye		Current Year
<b>.</b>	8 Con	tributions and	grants (Part VII, line III)ECEIVED	1,97	5,308	153,731
Ž			revenue (Part VIII ine 2g)	-		
95			ne (Part VIII, column (A), Junes 3, 4, and 7d)	10	0,780	-8,012
₫			art VIII, columnita, lines 5, 6d, 8c, 9c, 19c, and 1e)			<u> </u>
8	(13)		add lines 8 through 12 must equal Part VIII, collein (A), line 12)	2,07	6,088	145,719
			er amounts paid (Parux Zolum) (A), lines (F3)		0,135	414,573
	1		or for members (Part IX, column (A), line 4)			
10	1		ompensation, employee benefits (Part IX, column (A), lines 5–10)	5	1,989	51,369
enses	l .		Iraising fees (Part IX, column (A), line 11e)			
pen	l .		expenses (Part IX, column (D), line 25) ▶ 141			
Expe	17 Oth	-	Part IX, column (A), lines 11a–11d, 11f–24f)	4	0,878	42,567
	,	•	Add lines 13–17 (must equal Part IX, column (A), line 25)		3,002	508,509
		•	penses Subtract line 18 from line 12		3,086	-362,790
- ×	19 Rev	enue less ex	Derises Subtract line 18 from line 12	Beginning of Cu		End of Year
Net Assets or Fund Balances	<b>20</b> Tota	l assets (Par	t X. line 16)		1,067	7,514,451
Ass	21 Tota	-	art X, line 26)		_,,,,,,	.,02,,102
Net	22 Not	•	d balances Subtract line 21 from line 20	7 05	1,067	7,514,451
	art II		re Block	.,,,,		
<u>.</u>	are it		ties of perjury, I declare that I have examined this return, including accompanying schedules ar	od statements, and	to the best o	of much service data
			iss of perjury, i declare that i have examined this return, including accompanying scriedules are strue, correct, and complete. Declaration of preparer (other than officer) is based on all inform			
Sig	ın l		Mu. W bluss		1 -	7 (2.10
He		Supportu	re of officer	·········	<del></del>	1, 12.10
110		. ~ .		TARY/TRE	Date יא פווס גי	D
			print name and title	IANI/IN	HOOKE	
_		y Type of	·	<del></del>		Preparer's identifying number
Pai	id	Preparer's	Date	Check self-	ıt	(see instructions)
	eparer's	signature	Matt J Muhlenkamp, CPA 05/0	7/10 employ	ed 🕨 📙	P00090652
	e Only	Firm's name	(or yours Muhlenkamp & Associates, LLC		EIN	26-3953823
J	Coniny	if self-employ	(red), 215 North Main Street		Phone	·· <del>····</del>
		address, and	ZIP+4   Celina, OH 45822-1601		no	419-586-6405
			turn with the preparer shown above? (see instructions)			Y Yes No
For	Privacy A	ct and Paper	work Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2009)
_, ~					· 1	• • • • •

4d Other program services (Describe in Schedule O)

419,188

	1 990 (2009) MERCER COUNTY CIVIC FOUNDATION 34-6539139  art IV Checklist of Required Schedules			Р	age 3
<u> </u>	Checklist of Regulied Schedules			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1.00	
-	complete Schedule A		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		х
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 similar funds or 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		х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		х
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		х
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		x
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	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? If "Yes," complete Schedule D, Part VII				
•	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? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	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? If "Yes," complete Schedule D, Part X				
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII		12		X
2A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	Į.		
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		]		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b	<u> </u>	<u> </u>
5	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	$\vdash$	X
6	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		X

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Form **990** (2009)

X

X

17

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19

17

19

		$\overline{}$	1	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
21	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	x	İ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1	<del></del>	<del></del>
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<u></u>		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	-	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		
	24b through 24d and complete Schedule K If "No," go to line 25	24a		х
ь	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				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	;	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		$\mathbf{x}$
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
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		X
36	Section 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		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Li	X

Page 5 Statements Regarding Other IRS Filings and Tax Compliance 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 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a b 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, secunties account, or other financial X 4a 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 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 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? 7с 7d ] d If "Yes," indicate the number of Forms 8282 filed during the year 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a

12b

of the governing body?

b

X

X

X

X

X

No

7a

7b

9

X

Yes

N9139 05/07/2010 12 45 PM Form 990 (2009) MERCER COUNTY CIVIC FOUNDATION 34-6539139 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body 1b Enter the number of voting members that are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders?

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached

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

Does the organization have members, stockholders, or other persons who may elect one or more members

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Does the organization have local chapters, branches, or affiliates?	10a		X
If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	i		
affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
form?	11		X
Describe in Schedule O the process, if any, used by the organization to review this Form 990			
Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
nse to conflicts?	12b		X
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
describe in Schedule O how this is done	12c		X
Does the organization have a written whistleblower policy?	13	X	
Does the organization have a written document retention and destruction policy?	14	X	
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?			
The organization's CEO, Executive Director, or top management official	15a		X
Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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		X
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		
	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?  Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Does the organization have a written conflict of interest policy? If "No," go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give nise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	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?  Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Does the organization have a written conflict of interest policy? If "No," go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give nise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  13  Does the organization have a written document retention and destruction policy?  14  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  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  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	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?  Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  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The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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

Section C. Disclosure	Sec	tion	C.	Disc	losure
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- OH List the states with which a copy of this Form 990 is required to be filed 17
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website X Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the PO BOX 439 organization ▶ MCCF OFFICE

CELINA

OH 45822

419-586-9950

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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)		.4	) 	C)	hat a <sub>l</sub>	nak-A	(D)	(E)	(F) Estimated
Name and Title	Average hours per week	or director		Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JANE STUCKMAN V-PRESIDENT								0	0	C
MAURICE CRON			$\vdash$		$\vdash$	<del> </del>				
PRESIDENT						ļ		o	0	
JIM DIPPOLD			l						<u>-</u>	
SECRETARY								0	0	(
DEB GIBSON										
TRUSTEE								0	0	(
KEN KREMER									_	
TRUSTEE			<u> </u>	_	<u> </u>	┞	_	0	0	(
TOM LAMMERS								o	0	,
TRUSTEE DAVE PAX		+	┢	-	<del> </del>	$\vdash$		U	0	(
TRUSTEE								o	o	
BARB HAMILTON			一	1	<u> </u>	<del>                                     </del>				
TRUSTEE								0	0	(
DAVE KAISER										
TRUSTEE			igspace	<u> </u>	_	$oxed{oxed}$	L	0	0	
				<u> </u>	-	┼				
		_							<del> </del>	
		1							<del></del>	
		<del> </del>	_	<del> </del>		ļ				
			<del>  -</del>	$t^-$	-	<del>                                     </del>	<del>                                     </del>			

<u>Pa</u>	Y (A)  Name and Title	(B) Average			(( chec	c)	/ees, hat ap		(D)  Reportable	(E) Reportable	(F) Estimated	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
		<u> </u>	<u>.                                    </u>									
	· · · · · · · · · · · · · · · · · · ·				:	 						
1b	Total	<u> </u>		<u></u>				<b>•</b>				
2	Total number of individuals (increportable compensation from				ose	liste	d abo	ve)	who received more than \$1	00,000 in		
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual Did any person listed on line 1s services rendered to the organization and related or line 1s services rendered to the organization listed on line 1s	rmer officer, direct complete Schedu 1a, is the sum of ganizations great a receive or accru	ctor of le J repo er th	or tru for si ortab an \$	uch i le co 150,0 nsat	ndiv ompe 0007 ion f	idual ensat ' If "Y rom a	ion a 'es,"	and other compensation from complete Schedule J for su unrelated organization for		3 X 4 X 5 X	
Sec 1	tion B. Independent Contractor Complete this table for your five	e highest comper	ısate	d inc	lepe	nder	nt cor	ntrac	ctors that received more tha	n \$100,000 of		
	compensation from the organiz	zation (A) I business address		-					Descrip	(B) tion of services	(C) Compensation	
				-								
				·								
2	Total number of independent c		_				to th	ose	listed above) who received		0	
DAA	T. COLLEGE									<del></del>	Form <b>990</b> (2009)	

Pa	rt V	III' Staten	nent of Reve	nue				_		
		>					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
				г. т				revenue		512, 513, or 514
ints		Federated can	-	1a						
P S		Membership de		1b						
ra,		Fundraising ev		1c						
igi		Related organi		1d						
sin	е	Government grants		1e						
真真	t	All other contribution and similar amounts		,		150 701				
물리						153,731 2,896				
Contributions, gifts, grants and other similar amounts	9		ns included in lines 1a-	1f \$	•	2,896	152 721			
<u> </u>	h	Total. Add line	s 1a-1t			<u> </u>	153,731			
ğ	•					Busn. Code				<u> </u>
ě	2a									<del></del>
e e	b									
ڲٙ	c									
ığ l	d									<del></del>
Jran	9	All other areas								
Program Service Revenue			am service rever	iue		<b>——</b>				
극	<u> </u>	Total. Add line	ome (including d	nudond	a interest					
	3	other similar a		IVIGETIG	S, IIIICICS	i, and	241,884	241,884		
	4		inounts) ivestment of tax-	avamni	bond pro	abeen.	241,004	241,001		
1	5	Royalties	ivestinent of tax-	CACITIP	bona pro	L L				
	•	Royanics	(ı) Real		(n) P	ersonal				
	6a	Gross Rents	(71.52.	<u> </u>	\.,\.					
	b	Less rental exps								
	C	Rental inc or (loss)								
	d	Net rental inco				<u> </u>	Ī		•	
	7a	Gross amount from	(i) Securities	s	(11)	Other				
		sales of assets other than inventory								
	ь	Less cost or other								
		basis & sales exps	249	, 896						
	С	Gain or (loss)	-249							
	d	Net gain or (los				<b>&gt;</b>	-249,896	-249,896		
	8a	Gross income fro	om fundraising ever	nts [						
nue		(not including \$								
eve		of contributions r	eported on line 1c)							
Other Reven		See Part IV, line	18	a		17.1				
the	b	Less direct ex	penses	ь[						
٦			(loss) from funda		events	<b>•</b>				
	9a		om gaming activities	s.						
		See Part IV, line	19	a						
	b	Less direct ex	penses	ьĮ						
			(loss) from gamı	ng activ	/ities	<u> </u>				
	10a	Gross sales of	inventory, less							
		returns and all		a						
1		Less cost of g		ь[			1			
	С		(loss) from sales		ntory	<b>&gt;</b>			··· · · · · · · · · · · · · · · · · ·	
		Misc	ellaneous Revenue	•		Busn. Code				
	11a					<u> </u>				
	þ					<u> </u>			-	
	C	All -st-				<u> </u>			<u>.</u>	·
	d	All other reven				L				
	42	Total Rayers					1 AE 710	_0.010	0	0
	12	i otal Revenu	e. See instruction	าร		<u> </u>	145,719	8,012	<u> </u>	<u> </u>

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1					
•	organizations in the U S See Part IV, line 21	414,573	414,573		
2			<b>'</b>		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	"""			
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	45,309		45,309	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,060		6,060	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	480		480	·
d	Lobbying				44.4 **.*
Θ	Professional fundraising services See Part IV, line 17				·
f	Investment management fees				<del>-,</del>
g	Other			· · · · · · · · · · · · · · · · · ·	
12	Advertising and promotion	6,695		6,695	
13	Office expenses	1,487		1,346	141
14	Information technology				
15	Royalties		<del></del>		
16	Occupancy	8,474		8,474	
17	Travel				·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	4 615	A C1E	· · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization	4,615 2,190	4,615	2,190	
23	Insurance	2,190		2,190	
0.4	Other company themes				
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 ) INVESTMENT EXPENSE	16,096		16,096	
a b	REPAIRS & MAINTENANCE	1,499		1,499	<del></del>
	MEMBERSHIP DUES	831		831	
d	TAXES	200		200	
e		200		2.00	·
f	All other expenses	<del></del>	<del></del>	· . <del> </del>	
25	Total functional expenses. Add lines 1 through 24f	508,509	419,188	89,180	141
26	Joint costs. Check here ▶ If following	300,000		25,200	
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

	art 2	K ' Balance Sheet	OND	11101 34	-6339139		Page 11			
	art 2	N Palance Sheet			(A) Beginning of year		(B) End of year			
_	T 4	Cash—non-interest bearing			377,426	1	129,829			
	2	Savings and temporary cash investments		-	3,433,636		3,549,188			
	i i	Pledges and grants receivable, net		<u> </u>		3	3,343,100			
	3	Accounts receivable, net		-	153,219		164,198			
	4			kov	133,219	4	104,130			
	5	Receivables from current and former officers, directors, tr employees, and highest compensated employees. Compl		· ,						
	ŀ	Schedule L	ele Pa	11 11 01		۔ ا	ŧ			
	_					- 5				
	6	Receivables from other disqualified persons (as defined u		t e			1			
		4958(f)(1)) and persons described in section 4958(c)(3)(E	s) Con	ipiete			†			
S	_	Part II of Schedule L			686,669	6	614,144			
Assets	7	Notes and loans receivable, net		-	000,009	7	614,144			
As	8	Inventones for sale or use		-	<del></del>	8	<u> </u>			
	9	Prepaid expenses and deferred charges	1	,	<del></del>	9	<u> </u>			
	Tua	Land, buildings, and equipment cost or	1	200 000						
	Ι.	other basis Complete Part VI of Schedule D	10a	200,000	100 760		106 154			
		Less accumulated depreciation	10b	13,846	190,769		186,154			
	11	Investments—publicly traded secunties		-	2,209,348		2,870,938			
	12	Investments—other securities See Part IV, line 11		-		12				
	13	Investments—program-related See Part IV, line 11	_		13	<u> </u>				
	14	Intangible assets		_	<del></del>	14				
	15	Other assets See Part IV, line 11		Ļ		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			7,051,067	16	7,514,451			
	17	Accounts payable and accrued expenses		_		17	ļ <u>.</u>			
	18	Grants payable		18						
	19	Deferred revenue	_	·	19					
	20	Tax-exempt bond liabilities	W-211_	20						
Liabilities	21	Escrow or custodial account liability Complete Part IV of	Schedu	ile D		21				
Ξ	22	Payables to current and former officers, directors, trustees	s, key				<u> </u>			
ab		employees, highest compensated employees, and disqua	lified				<u> </u>			
$\Box$		persons Complete Part II of Schedule L		_		22				
	23	Secured mortgages and notes payable to unrelated third p		_	-	23				
	24	Unsecured notes and loans payable to unrelated third par	ties			24				
	25	Other liabilities Complete Part X of Schedule D				25				
_	26	Total liabilities. Add lines 17 through 25				26				
es		Organizations that follow SFAS 117, check here ▶	and							
2		complete lines 27 through 29, and lines 33 and 34.								
ala	27	Unrestricted net assets		<u>_</u>		27				
Ö	28	Temporarily restricted net assets		L		28				
짇	29	Permanently restricted net assets				29				
교		Organizations that do not follow SFAS 117, check her	e ▶ [	K						
ō		and complete lines 30 through 34.								
ţ	30	Capital stock or trust principal, or current funds	_		30					
Se	31	Paid-in or capital surplus, or land, building, or equipment f	Paid-in or capital surplus, or land, building, or equipment fund							
As	32	Retained earnings, endowment, accumulated income, or	other fu	ınds	7,051,067	32	7,514,451			
Net Assets or Fund Balances	33	Total net assets or fund balances			7,051,067	33	7,514,451			
z	34	Total liabilities and net assets/fund balances			7,051,067	34	7,514,451			

Form **990** (2009)

orm	990 (2009) MERCER COUNTY CIVIC FOUNDATION 34-6539139		Pag	ge <b>12</b>
Þа	ert XI <sup>1</sup> Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ĺ
	issued on a consolidated basis, separate basis, or both			į
	Separate basis Consolidated basis Both consolidated and separate basis			Ė
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?	3a		
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 in Schedule O and describe any steps taken to undergo such audits	3b		ĺ

Form **990** (2009)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MERCER COUNTY CIVIC FOUNDATION

Employer identification number 34-6539139

			THITCHIN COUNT	T CIVIC LOUNDAL.	1011				1 7 2	000	9139		
Pa	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	truction	ons.		
The	orgai	nization is not	a private foundation because	it is (For lines 1 through 11, che	eck only o	ne box )							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(i).						
2		A school des	спbed in <b>section 170(b)(1)(</b> A	A)(ii). (Attach Schedule E)			***						
3	Ħ			e organization described in secti	ion 170(b	(1)(A)(iii)							
4	H	•		in conjunction with a hospital de	•			VΑViii	Enter th	e hosni	ıtal's name		
•	ш	city, and state		conjunction man a moophar ac		30000		,,,,,,,,,,	Litter ti	.с позр	nars name,		
_		•		fo callege or unuscrate assessed or		h., a aa.,		ماد فيجيد ال					
5	Ш			f a college or university owned or	operateu	by a gove	emmenta	n unit de	scribed	iri			
_			b)(1)(A)(iv). (Complete Part	•			_						
6			•	overnmental unit described in sec	•		•						
7	X			ubstantial part of its support from	n a govern	mental ur	ut or fron	n the ge	neral pu	blic			
	described in section 170(b)(1)(A)(vi). (Complete Part II )												
8													
9													
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its												
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )												
10													
11													
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section												
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a Type I b Type II c Type III—Functionally integrated d Type III—Other												
۵	$\Box$			inization is not controlled directly	, ,		- 1			101			
٠	Ш			and other than one or more public				=		tion			
			section 509(a)(2)	and other than one or more public	ciy suppoi	ica organ	120110113	ucscribe	u III 360				
			, , , ,	minotion from the IDC that it is a	Tuna I Tu	mall as T	مالا مست		_				
f				mination from the IRS that it is a	Type I, Ty	pe II, or I	ype iii s	upporun	g				
		•	check this box										
g		-	•	on accepted any gift or contributi	on from a	ny of the							
		following per											1
		(i) A persor	n who directly or indirectly cor	ntrols, either alone or together wi	th persons	s describe	d in (ii)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(ı)	—	
		(ii) A famıly	member of a person describe	ed in (i) above?							11g(ii)	ــــــ	ļ
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii	<u> </u>	
h		Provide the f	ollowing information about the	e supported organization(s)									
(i)	Name	e of supported	(II) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Did y	ou notify	(vi)	s the	(viı) Am	ount of	
	org	anızatıon		(described on lines 1–9	,	sted in your	the organ	nization in	organizat (i) organi		supp	ort	
				above or IRC section (see instructions))	governing	document?		ort?		3 ?			
				(000 111511 00110110))	Yes	No	Yes	No	Yes	No			
						l							
											<del></del>		
					<u> </u>	<del> </del>							
					+			-					
rota.													
nt2						, 1		•	, ,	1	1		

Sche	edule A (Form 990 or 990-EZ) 2009 MEI	RCER COUNT	Y CIVIC FO	OUNDATION	34-	-6539139	Page 2
Þ	ert II 'Support Schedule for O	rganizations De	escribed in Se	ctions 170(b)(	1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box o	n line 5, 7, or 8	of Part I.)			
_	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	146,685	773,943	862,221	1,975,309	153,731	3,911,889
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	146,685	773,943	862,221	1,975,309	153,731	3,911,889
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						3,911,889
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	146,685	773,943	862,221	1,975,309	153,731	3,911,889
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	153,118	181,625	209,100	216,653	241,884	1,002,380
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						4,914,269
12	Gross receipts from related activities, etc. (	(see instructions)				12	241,884
13	First five years. If the Form 990 is for the	organization's first, s	econd, third, fourth	, or fifth tax year as	a section 501(c)(3	)	
	organization, check this box and stop here						<b>•</b>
Sec	tion C. Computation of Public Su	ipport Percenta	age				
14	Public support percentage for 2009 (line 6,	column (f) divided b	y line 11, column (f	))		14	79.60%
15	Public support percentage from 2008 Sche	dule A, Part II, line 1	4			15	81.24%
16a	33 1/3 % support test—2009. If the organ			and line 14 is 33 1	/3 % or more, chec	k this box	
	and stop here. The organization qualifies a	as a publicly support	ed organization				► X
b	33 1/3 % support test—2008. If the organ			•	33 1/3 % or more,	check this	
	box and stop here. The organization qualif	fies as a publicly sup	ported organization	1			▶ _
17a		•			•		
	more, and if the organization meets the "fac		·	•	•	how the	
	organization meets the "facts-and-circumst				-		▶ _
þ	10%-facts-and-circumstances test—200	•					
	more, and if the organization meets the "fac		•	•	•	how the	
46	organization meets the "facts-and-circumst	•	•		•		
18	Private foundation. If the organization did	not check a box on	ııne 13, 16a, 16b, 1	/a, or 1/b, check to	nis box and see ins	tructions	▶

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(e) 2009

(d) 2008

(b) 2006

(c) 2007

Page 3

(f) Total

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

(a) 2005

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				1		ļ		
	exceed the greater of \$5,000 or 1% of the	Ì							
	amount on line 13 for the year	<u>.</u>					-+		
С 8	Add lines 7a and 7b  Public support (Subtract line 7c from								
0	line 6)								
Sec	tion B. Total Support							_	
Ca	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Tota	al
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								
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,		1			1	-		
	and 12)		<u> </u>			<u> </u>		· ·	
14	First five years. If the Form 990 is for the	•	second, third, four	in, or fifth tax year	as a section 501(c)	(3)			_ ┌
500	organization, check this box and stop here tion C. Computation of Public Su		ane		<del></del>				
15	Public support percentage for 2009 (line 8,			(ft)			15		%
16	Public support percentage from 2008 Sche		•	(7)			16		%
	tion D. Computation of Investme								
17	Investment income percentage for 2009 (lin			column (f))			17		%
18	Investment income percentage from 2008			• • •			18		%
19a	33 1/3 % support tests—2009. If the orga			14, and line 15 is n	nore than 33 1/3 %,	and line			
	17 is not more than 33 1/3 %, check this bo	ox and <b>stop here</b> .	The organization qu	ualifies as a publici	y supported organiz	ation			
b	33 1/3 % support tests—2008. If the orga	nization did not che	ck a box on line 14	l or line 19a, and li	ne 16 is more than	33 1/3 %, and	I		
	line 18 is not more than 33 1/3 %, check th		=						
20_	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	9b, check this box	and see instructions	<u></u>			<b>D</b>

Schedule A (Form 990 or 990-EZ) 2009 MERCER COUNTY CIVIC FOUNDATION

34-6539139

Page 4

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

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Open to Public Inspection

Name	of the org	anization	1	Employe	r identif	ication	numbe	r
M	ERCER	COUNTY CIVIC FOUNDATION		34-6	5391	139		
Pa	irt i	Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, P	ds or Other Similar Funds or Acc art IV, line 6.	ounts	s. Con	nplete	e if	
	<u>.                                    </u>		(a) Donor advised funds	(b	Funds a	nd othe	r accoun	ts
1	Total num	ber at end of year						
2	Aggregate	contributions to (during year)						
3	Aggregate	grants from (during year)						
4	Aggregate	e value at end of year	<u> </u>					
5	Did the or	ganization inform all donors and donor advisors in writing that th	e assets held in donor advised			_	_	_
	funds are	the organization's property, subject to the organization's exclusi	ve legal control?			L	Yes	No
6	Did the or	ganization inform all grantees, donors, and donor advisors in wr	iting that grant funds can be					
	•	for chantable purposes and not for the benefit of the donor or do	onor advisor, or for any other			۲	7	
		onferring impermissible private benefit?				<u></u>	Yes	No
	ert II	Conservation Easements. Complete if the organ	· · · · · · · · · · · · · · · · · · ·	990, P	art IV	line	<u>/.                                    </u>	
1	``	s) of conservation easements held by the organization (check all			_			
	$\equiv$	rvation of land for public use (e g , recreation or pleasure)	Preservation of an historically impor		d area			
	H	ction of natural habitat	Preservation of certified historic stru	cture				
_		rvation of open space		_				
2		lines 2a through 2d if the organization held a qualified conserva on the last day of the tax year	tion contribution in the form of a conservation	n				
	Casemen	on the last day of the tax year			Hold at	the En	d of the	Tax Year
_	Total aug	ber of conservation easements		2a	i i ciu at	tile Lii	id Of title	Tax Teat
a		rage restricted by conservation easements		2b				
D D		f conservation easements on a certified historic structure include	ed in (a)	2c				
d		f conservation easements on a certified historic structure include from the following from the first of the f	eu III (a)	2d				<del></del>
3		f conservation easements incidued in (c) acquired after 6/17/00 f conservation easements modified, transferred, released, exting	quished or terminated by the organization d		<u> </u>			
J	the taxab		guistica, or terrimitated by the organization a	umg				
A		f states where property subject to conservation easement is loc	ated <b>&gt;</b>					
5		organization have a written policy regarding the periodic monitor						
Ŭ		and enforcement of the conservation easements it holds?	mig, mopeonom, manamig or			Г	Yes	No
6		volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year			_	_	
	▶							
7	Amount o	f expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year					
	<b>&gt;</b> \$							
8	Does eac	h 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)?				L	Yes	☐ No
9	In Part XI	V, describe how the organization reports conservation easemen	ts in its revenue and expense statement, and	d				
		heet, and include, if applicable, the text of the footnote to the org	panization's financial statements that describ	es				
		zation's accounting for conservation easements						
Pa	ırt III	Organizations Maintaining Collections of Art, H Complete if the organization answered "Yes" to I		nilar /	Assets	<b>;</b> .		
1a	If the orga	inization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet wo	rks of				
	art, histor	cal treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c servic	e,			
	provide, i	Part XIV, the text of the footnote to its financial statements that	describes these items					
b	If the orga	inization elected, as permitted under SFAS 116, to report in its re	evenue statement and balance sheet works	of art,				
	historical	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of public se	rvice,				
	provide th	e following amounts relating to these items						
	(i) Reve	nues included in Form 990, Part VIII, line 1		•	· \$_			
	(ii) Asse	s included in Form 990, Part X		•	\$_			
2	If the orga	nization received or held works of art, historical treasures, or other	ner similar assets for financial gain, provide t	the				
	following	amounts required to be reported under SFAS 116 relating to the	se items:					
а	Revenue	included in Form 990, Part VIII, line 1		•	· \$_			
b	Assets in	cluded in Form 990, Part X		•	\$_			
					<u> </u>			

b Buildings c Leasehold improvements d Equipment e Other 180,000 13,846 166,154		7	UNTY CIVIC F			4-6539139	Page 2
collection fems (check all that apply) a   Public exhibition   d   Loan or exchange programs   b   Scholarity research   o   Other    A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  Forum a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  Forum and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV    Foreign and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Inine 9, or reported an amount on Form 990, Part X, Inine 21.  It is the organization an agent instease custodian or other intermediary for contributions or other assets not included on Form 990, Part XV and complete the following table  If "Yes," explain the arrangement in Part XIV and complete the following table  If gening balance  C Beginning balance  Id Additions duming the year  In the part XIV Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  If yes, "septain the arrangement in Part XIV  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  If yes a beginning of year balance  D Contributions  A Committed the seminate of the organization answered "Yes" to Form 990, Part IV, line 10.  If yes a beginning of year balance  Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment   — — — — — — — — — — — — — — — — — —		· · · · · · · · · · · · · · · · · · ·					sets (continued)
b Scholarly research   c   Other	3 Using collect	the organization's acquisition, accession, tion items (check all that apply)	, and other records, chec	ck any of the following t	that are a sig	nificant use of its	
b	а∏Р	Public exhibition	d 🗌 Loai	n or exchange program	s		
c	<b>=</b>	_					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is is the organization an agent, insulate, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is is the organization an agent, insulate, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If I'ves, "explain the arrangement in Part XIV and complete the following table I	<del></del>	-				. – – – –	
S During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV.   Ine 9, or reported an amount on Form 990, Part X, line 21.  It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No   If "Yes," explain the arrangement in Part XIV and complete the following table   If   Amount   Indiana	4 Provi	de a description of the organization's colle	ctions and explain how t	hey further the organiz	ation's exem	pt purpose in	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, itestee, custodian or other immediary for contributions or other assets not included on Form 990, Part X?    If 'Yes', Explain the arrangement in Part XIV and complete the following table   Amount	5 Durin	g the year, did the organization solicit or re	eceive donations of art, I	nistorical treasures, or the organization's colle	other similar		☐ Yes ☐ No
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						ered "Yes" to Fo	
1a Is the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yos   No   If Yes,* explain the arrangement in Part XIV and complete the following table   Amount   16   16   14   15   16   16   16   16   16   16   16			_				,,,,,
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table  c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21?  But the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment \( \bightarrow \)% b Permanent endowment [mids not in the possession of the organization that are held and administered for the organizations (ii) related organizations (iii) related organizations (ivestment)  Description of investment (a) Cost or other basis (b) Cost or other organization (d) Book value depreciation (d) Book value basis (chier)  Description of investment (d) Book value basis (chier) (d) Book value depreciation (d) Book value basis (chier) (d) Book value depreciation (d) Book value depreciation (d) Equipment (e) Checumidated (d) Book value depreciation (d) Equipment (e) Et al. 180,000 (e) 13,846 (e) Eden (e) Et al. 180,000 (e) 13,846 (e) Eden (e) Et al. 180,000 (e) Eden (e) Et al. 180,0	1a is the				assets not		
b if "Yes," explain the arrangement in Part XIV and complete the following table  c Beginning balance d Additions during the year d Distributions during the year Finding balance 2 Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1 Beginning of year balance		<del>-</del>	or other intermediary to	Contributions of other	assets not		☐ Yes ☐ No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?  2b If "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance 1b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs and programs a Board designated or quasi-endowment \( \begin{arrange}{c} \) the year end balance held as a Board designated or quasi-endowment \( \begin{arrange}{c} \) the year endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) respective in Part XIV the intended uses of the organization's endowment funds  Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (iii) Sook value depreciation (iii) Related organizations (iii) related organizations (ivestment)  Description of investment (iii) Sook value depreciation (iii) Sook value			nd complete the following	ı tahla			
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? bif "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment I▶% b Permanent endowment I▶% c Term endowment I P% c Term endowment I P	D II TE	s, explain the arrangement in Fart Arv ar	id complete the following	, table			Amount
d Additions during the year    Distributions during the year   Ending balance   11		balance				140	7 unodik
e Distributions during the year  f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 217  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions 1b Netweetment earnings, gains, and losses 1c Offrants or scholarships 1c Offrants or scholarships 2 Provide the estimated percentage of the year end balance held as 3 Board designated or quasi-endowment	_	-					
Ending balance   It		• •					
2a Did the organization include an amount on Form 990, Part X, line 21?    Part V   Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.    A   Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four		• •					
b If "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance		•				1f	<u> </u>
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Phor year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years ba		•	n 990, Part X, line 21?				∐ Yes ∐ No
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back 1			·····				^
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶	Part V	Endowment Funds. Comple					
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments—Land, Buildings, and Equipment, See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (b) Cost or other basis (cherr) depreciation  1a Land 20,000 b Buildings c Leasehold improvements d Equipment e Other 180,000 13,846 166,154			(a) Current year	(b) Prior year	(c) Two yea	irs back (d) Three yea	ars back (e) Four years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶	<b>1a</b> Begir	nning of year balance					,
and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment \( \begin{array}{c} \be	<b>b</b> Contr	ributions					
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶	c Net ir	nvestment earnings, gains,					
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment \( \begin{array}{c} \be	and le	osses					
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment \( \begin{array}{c} \be	<b>d</b> Gran	ts or scholarships					
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶		•					
g End of year balance  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶							
g End of year balance  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶	•	•	-				
Provide the estimated percentage of the year end balance held as  Board designated or quasi-endowment ▶		•					
a Board designated or quasi-endowment   b Permanent endowment	_	•	and halance held as			L	·····
b Permanent endowment  % c Term endowment  %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describion of investment  (a) Cost or other basis (b) Cost or other basis (other) (investment)  b Buildings c Leasehold improvements d Equipment e Other  180,000 13,846 166,154							
c Term endowment ▶			· <sup>10</sup>				
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (b) Cost or other depreciation  (investment)  (inves							
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(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (b) Cost or other basis (investment)		·	ion of the organization to	iat are neio ano aomini	istered for the	ť	Van Na
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (b) Cost or other basis (other) depreciation  1a Land  5 Buildings  c Leasehold improvements d Equipment e Other  180,000 13,846 166,154	•	-					
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  (investm	٠,	•					
4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land 20,000 20,000  b Buildings 20,000 20,000  c Leasehold improvements 4 Equipment 20,000 13,846 166,154		•		==			
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  (investment)  (investment)  (investment)  (b) Cost or other (c) Accumulated depreciation  (d) Book value  20,000  20,000  b Buildings  c Leasehold improvements  d Equipment e Other  180,000  13,846			•				3b
Description of investment  (a) Cost or other basis (investment)  (investment)  (b) Cost or other basis (c) Accumulated depreciation  1a Land  20,000  20,000  b Buildings  c Leasehold improvements  d Equipment  e Other  (c) Accumulated depreciation  20,000  13,846						" 10	<del></del>
(investment)         basis (other)         depreciation           1a Land         20,000         20,000           b Buildings         C Leasehold improvements         C Leasehold improvements           d Equipment         180,000         13,846         166,154	Part VI		<del></del>				<del></del>
1a Land       20,000       20,000         b Buildings       C Leasehold improvements       C Leasehold improvements         d Equipment       180,000       13,846       166,154		Description of investment	1 ''	1 ' '	i		(d) Book value
b Buildings c Leasehold improvements d Equipment e Other 180,000 13,846 166,154			(investment)			depreciation	
c Leasehold improvements d Equipment e Other 180,000 13,846 166,154	1a Land			20	,000		20,000
d Equipment e Other 180,000 13,846 166,154	<b>b</b> Buildi	ings				·	
e Other 180,000 13,846 166,154	c Lease	ehold improvements					
	d Equip	oment					
	e Other	r		180	,000	13,84	6 166,154
			ual Form 990, Part X, co	lumn (B), line 10(c))			<b>▶</b> 186,154

Schedule D (Form 990) 2009 MERCER COUNTY CIVIC FO	OUNDATION	34-6539139	Page <b>3</b>
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-year	ar market value
Financial derivatives			
Closely-held equity interests			
Other			
		<del> </del>	
		<del>-</del>	
		<del> </del>	
			<del></del>
		<b>-</b>	
			······
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Part VIII Investments—Program Related. See Form 990			
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-yea	ar market value
			·
<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, line 15	<u> </u>	t	
(a) Description			(b) Book value
(a) 2008/kilon			(0) 2001. 12.20
			<del></del>
	<del></del>		
		<del></del>	<del></del>
	······································		<del></del>
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 25	j.		<u> </u>
1 (a) Description of liability	(b) Amount	_[	
Federal income taxes		_[	
		_	
		7	
		7	
		7	
		<b>-</b> [	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		[	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organize	ation's financial statement	te that reports the	
organization's liability for uncertain tax positions under FIN 48	anon s imanual statement	a mat reports the	
organization's liability for uncertain tax positions under FIN 40			

Schę	dule D (Form 990) 2009 MERCER COUNTY CIVIC FOUNDATION 34-653913	9	Page <b>4</b>
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5_	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	ırn	<del></del>
1	Total revenue, gains, and other support per audited financial statements	_1_	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
þ	Donated services and use of facilities 2b		
C	Recovenes of prior year grants 2c		
d	Other (Describe in Part XIV )		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	, and the second		
b	Other (Describe in Part XIV )		
С	Add lines 4a and 4b	4c	
5		5	
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		1
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	,		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3_	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV )		
	Add lines 4a and 4b	4c	<del> </del>
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	art XIV Supplemental Information		<del></del>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this p	part to provide any additional information		
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F	art	XI	٧	Su	pp	lem	ent	al I	nfo	rm	atio	on (	(cor	ntin	uec	I)																					
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N9139 05/11/2010 4 29 PN SCHEDULE I	orm 990)
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Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

OMB No 1545-0047 ð

► Attach to Form 990.

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?

MERCER COUNTY CIVIC FOUNDATION

General Information on Grants and Assistance

Part

Employer identification number 34-6539139

CINIO INC. 1343-004	2009	Open to Publi

2 the 3	boes the organization maintain records to substantiate the amount of the grants of assistance, the grantee the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	amount of the graf e? oring the use of gra	ant funds in	drice, trie grantees erig the United States	or assistance, the grantees, engioning for the grants or assistance, and funds in the United States	משומות מוח		X Yes	<b>%</b>
Part	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments and cipient that recipient if additional sp	d Organiseived mo	Organizations in the United States. Complete if the organization answered "Yes" to ived more than \$5,000. Check this box if no one recipient received more than \$5,000 ice is needed	ted States. Comp heck this box if n	lete if the orga o one recipient	nization answe received more	red "Yes" to than \$5,000. Use	
-	(a) Name and address of organization or government	(a)	(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	=
OTHER	OTHER PROGRAM SERVICES								
				409,573					
					·				
2 Ente	Enter total number of section 501(c)(3) and government organizations	ganizations						•	

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

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Schedule I (F	Schedule I (Form 990) 2009 MERCER COUNTY CIVIC FOUNDAT	Y CIVIC FOUND	NOI	34-6539139		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if additior	United States. Comal space is needed.	nplete if the organizat	on answered "Yes" to Form	
<del>-</del>	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					,	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the informatio	in required in Part I, li	ne 2, and any other additior	nal information.

SCHEDULE O

### **Supplemental Information to Form 990**

on

2009

Open to Public

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization

MERCER COUNTY CIVIC FOUNDATION

Employer identification number

34-6539139

Form 990, Part III, Line 4d - All Other Achievements
ALL PROGRAM SERVICES & SCHOLARSHIPS

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public



**Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Attachment Sequence No

								ifying number -6539139	
Busin	ess or activity to which this form relates							-	
_I	ndirect Depreciati		·-						
Pa	ert! Election To Expen	•	=						
	Note: If you have a	iny listed propert	y, complete Pa	art V be	efore you	complete Pa	irt I.		
1	Maximum amount. See the instructions for a higher limit for certain businesses							1	250,000
2	Total cost of section 179 property placed in service (see instructions)							2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)								800,000
4	Reduction in limitation Subtract line		•					4	
5	Dollar limitation for tax year Subtract lin	e 4 from line 1 If zero or	less, enter -0 If mar	rned filing s	separately, see	e instructions		5	
6	(a) Description	n of property		(b) Cost	(business use	only) (c)	Elected cos	ì .	
7	Listed property Enter the amount for	rom line 29				7		,	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7								
9	Tentative deduction Enter the smaller of line 5 or line 8								
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562							10	
11	Business income limitation. Enter the	ne smaller of busines	s income (not less	than zero	) or line 5 (s	ee instructions)		11	
12	Section 179 expense deduction Ac	ld lines 9 and 10, but	do not enter more	than line	11			12	
13	Carryover of disallowed deduction t	o 2010 Add lines 9 a	nd 10, less line 12		<b></b>	13			
Note	: Do not use Part II or Part III below	for listed property Ins	tead, use Part V						
<u>Pa</u>	rt II Special Depreciati	<u>on Allowance a</u>	<u>nd Other Depr</u>	reciatio	n (Do no	<u>t include liste</u>	ed prope	erty.)	(See instr.)
14	Special depreciation allowance for	qualified property (oth	er than listed prop	erty) plac	ed in service	•			
	during the tax year (see instructions)						14		
15	Property subject to section 168(f)(1) election							15	
<u>16</u>	Other depreciation (including ACRS							16	
_Pa	rt III MACRS Depreciat	ion (Do not inclu	ide listed prop	erty.) (S	<u>See instru</u>	ctions.)			
			Secti	ion A					
17	MACRS deductions for assets place	ed in service in tax ye	ars beginning befo	ore 2009				17	4,615
<u>18</u>	If you are electing to group any assets pl							<u> </u>	
	Section B	Assets Placed in Se			r Using the	General Depre	ciation Sy	stem	· · · · · · · · · · · · · · · · · · ·
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruc	ent use	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
<u>19a</u>	3-year property								
<u>b</u>	5-year property					_			
<u>c</u>	7-year property								
<u>d</u>	10-year property								
е	15-year property								
f_	20-year property								
_ 9	25-year property				25 yrs		S/L	·	
h	Residential rental				27 5 yrs	MM	S/L		
	property				27 5 yrs	MM	S/L		
i	Nonresidential real				39 yrs	MM	S/L		
	property					MM	S/L		
		ssets Placed in Serv	rice During 2009 T	Tax Year	Using the A	Iternative Depr	eciation S	ystem	) 
20a	Class life						S/L	·	
b_	12-year	<u> </u>			12 yrs		S/L		
	40-year	<u> </u>			40 yrs	MM	S/L		<u> </u>
	rt IV Summary (See ins						<del></del>		· · · · · · · · · · · · · · · · · · ·
21	Listed property Enter amount from							21	<u></u>
22	Total. Add amounts from line 12, lin	-				Enter here			
	and on the appropriate lines of your				structions r	<del></del>		22	4,615
23	For assets shown above and place		e current year, ente	er the		1			
	portion of the basis attributable to section 263A costs					23			<u> </u>