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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization MARION COUNTY COMMUNITY FOUNDATION C/O DON CROGHAN		D Employer identification number 56-2529370	
Doing Business As		E Telephone number 641-842-5821	
Number and street (or P O box if mail is not delivered to street address) 109 E MAIN		Room/suite	
City, town or post office, state, and ZIP code KNOXVILLE IA 50138		F Name and address of principal officer	
		G Gross receipts \$	
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	

I Tax-exempt status 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527J Website: ► **WWW.MCCFIOWA.ORG**K Form of organization Corporation Trust Association Other ► L Year of formation **2005** M State of legal domicile **IA**

Part II Summary

1 Briefly describe the organization's mission or most significant activities

**TO PROMOTE GRASSROOTS ECONOMIC DEVELOPMENT THROUGH THE
PHILANTHROPHIC DONATIONS OF LOCAL GROUPS AND MATCHING THOSE
DONATIONS WITH OUR OWN FUNDS.**

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.3 Number of voting members of the governing body (Part VI, line 1a)

3	0
4	0
5	0
6	0
7a	0
7b	0

4 Number of independent voting members of the governing body (Part VI, line 1b)5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)6 Total number of volunteers (estimate if necessary)7a Total unrelated business revenue from Part VIII, column (C), line 12b Net unrelated business taxable income from Form 990-T, line 348 Contributions and grants (Part VIII, line 1h)

Prior Year	Current Year
316,110	0
0	0
1,605	0
-1,833	0

9 Program service revenue (Part VIII, line 2g)

315,882	0
100,285	0
0	0
1,605	0
-1,833	0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)14 Benefits paid to or for members (Part IX, column (A), line 4)15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)16a Professional fundraising fees (Part IX, column (A), line 14e) *RECEIVED MAY 10 2013*b Total fundraising expenses (Part IX, column (D), line 25) ► *OPENED*17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-12a)18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)19 Revenue less expenses. Subtract line 18 from line 1220 Total assets (Part X, line 16)21 Total liabilities (Part X, line 26)22 Net assets or fund balances. Subtract line 21 from line 20

Net Assets or Fund Balances	Beginning of Current Year	End of Year
	497,839	0
	0	0
	107,713	0
	208,169	0

Net Assets or Fund Balances	Beginning of Current Year	End of Year
	497,839	0
	0	0
	497,839	0

Signature Block

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

Sign Here	Signature of officer		Date
	DONALD W. CROGHAN		
Type or print name and title		TREAS	

Pmt/Type preparer's name Donald W. Croghan	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00186406
Firm's name ► Donald W. Croghan, CPA, P.C.		Firm's EIN ► 42-1456778		
Firm's address ► 109 E Main St Knoxville, IA 50138-2525		Phone no 641-842-5821		

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Yes No

Form 990 (2012)

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