

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning July 1, 2007, and ending June 30, 20 08

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization Owens Community College Alumni Association</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P. O. Box 10000</p> <p>City or town, state or country, and ZIP + 4 Toledo, OH 43699-1947</p>	<p>D Employer identification number 23 7168563</p> <p>E Telephone number (567) 661-7641</p> <p>F Group Exemption Number . . . ▶ ..</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.owens.edu/alumni

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **30,750**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1			4,705
	2	Program service revenue including government fees and contracts		2			-
	3	Membership dues and assessments		3			15,440
	4	Investment income		4			2,708
	5a	Gross amount from sale of assets other than inventory	5a				
	b	Less: cost or other basis and sales expenses	5b				
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)		5c			-
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ 350 of contributions reported on line 1)	6a	7,897			
	b	Less: direct expenses other than fundraising expenses	6b	16,285			
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a			6c		(8,388)	
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold	7b					
7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a			7c		-	
8	Other revenue (describe ▶)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶			9		14,465	
Expenses	10	Grants and similar amounts paid (attach schedule)		10			37,393
	11	Benefits paid to or for members		11			-
	12	Salaries, other compensation, and employee benefits		12			-
	13	Professional fees and other payments to independent contractors		13			-
	14	Occupancy, rent, utilities, and maintenance		14			-
	15	Printing, publications, postage, and shipping		15			-
	16	Other expenses (describe ▶ Credit card proc. fees, meetings expenses)	16				2,081
	17	Total expenses. Add lines 10 through 16. ▶			17		39,474
18	Excess or (deficit) for the year. Subtract line 17 from line 9			18		(25,009)	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19			87,412
	20	Other changes in net assets or fund balances (attach explanation)		20			-
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶			21		62,403

Part II Balance Sheets—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		97,558	22 64,626
23 Land and buildings		-	23 -
24 Other assets (describe ▶ Accounts Receivable)		4,000	24 1,000
25 Total assets		101,558	25 65,626
26 Total liabilities (describe ▶ Accounts Payable)		14,146	26 3,223
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		87,412	27 62,403

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2007)

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <u>See attachment</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	To support and strengthen Owens Community College and its bond with alumni, the Association has established an endowed scholarship in the Foundation to benefit the offspring of alumni. In 2007-8, two scholarships were awarded from this endowment's earnings. (Grants \$ 15,500) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15,500
29	To support and strengthen the College, the Association donated to a capital campaign for the construction of a new campus in Findlay, Ohio. (Grants \$ 10,000) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	10,000
30	To build loyalty, energize interest and strengthen the College and the community, the Alumni Association donated to the Foundation "Success Program" that benefits low-income students graduating from Woodward High School in Toledo, Ohio. Scholarships will begin to be awarded in 2008-9. (Grants \$ 10,000) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	10,000
31	Other program services (attach schedule) <u>See attachment p. of line 10</u> (Grants \$ 1,893) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	1,893
32	Total program service expenses. Add lines 28a through 31a	32	37,393

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See attachment.				

Part V Other Information (Note the statement requirement in General Instruction V.)			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶	37a		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
40b		✓
40c		
40d		
40e		✓

41 List the states with which a copy of this return is filed. ▶ Ohio

42a The books are in care of ▶ Patricia M. Smith Telephone no. ▶ (. 567) 661-7641
 Located at ▶ P. O. Box 10000, Toledo, OH ZIP + 4 ▶ 43699-1747

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .

If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶

	Yes	No
42b		✓
42c		✓

43 Section 4947(a)(1), nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

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.

Please Sign Here

Laura J. Moore
 Signature of officer

2/4/09
 Date

Laura J. Moore, Executive Director
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no. ▶ ()	

Part I, Line 6
Special events and activities

- (A) Golf Outing - 1 event**
- (B) Whitewater Rafting Trip - 1 activity**
- (C) Mud Hens Baseball game - 1 activity**
- (D) Winter Ski Trip - 1 activity**
- (E) Shopping Trip - 1 activity**

Event	(A)	(B)	(C)	(D)	(E)	TOTAL
Gross Receipts	350	5,990	862	0	1,045	8,247
Less: Contributions	<u>(350)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(350)</u>
Gross Revenue	0	5,990	862	0	1,045	7,897 Line 6a
Less: Direct Expenses	<u>0</u>	<u>(11,789)</u>	<u>(1,800)</u>	<u>(350)</u>	<u>(2,346)</u>	<u>(16,285) Line 6b</u>
Net Income (Loss)	<u>0</u>	<u>(5,799)</u>	<u>(938)</u>	<u>(350)</u>	<u>(1,301)</u>	<u>(8,388) Line 6c</u>

Part I, Line 10

Grants and similar amounts paid

<u>Grantee</u>	<u>Amount</u>	<u>Relationship</u>	<u>Purpose</u>
Owens Community College Foundation	\$15,500	Affiliate	Donation to the Alumni Legacy Scholarship Endowment .
Owens Community College Foundation	\$10,000	Affiliate	Donation to Findlay Capital Campaign for construction of a classroom.
Owens Community College Foundation	\$10,000	Affiliate	Donation to the Owens Foundation Success Program for Toledo High School students
Various elementary schools / students in Lucas, Wood and Hancock counties	\$1,372	None	Donation of school supplies for kindergarten students.
ISOH / IMPACT	\$521	None	Purchase of supplies for flood relief to Hancock County
	<u>\$37,393</u>		

Part III
Statement of Program Service Accomplishments

Organization's primary exempt purpose:

The purpose of the Association is to engage alumni and students in programs, events and services that energize interest, build loyalty and strengthen support of Owens Community College.

Part IV
List of Officers, Directors, Trustees and Key Employees
As of 6/30/08

(A) Name and Address	(B) Title and hours/wk	(C) Compensation	(D) Benefits	(E) Expenses
Lorena M. Baird Owens Community College 3200 Bright Road Findlay, OH 45840-3600	Director 0.5 hours	- 0 -	- 0 -	- 0 -
Mark N. Carr Genoa Bank 801 Main Street Genoa, OH 43460	Director 0.5 hours	- 0 -	- 0 -	- 0 -
Carolyn S. Chapman University of Toledo Mail Stop #205 Toledo, OH 43606-3390	Director 0.5 hours	- 0 -	- 0 -	- 0 -
Steven R. Cotner Corporate Intellience Consultants P.O.Box 444 Perrysburg, OH 43552	Treasurer 0.5 hours	- 0 -	- 0 -	- 0 -
Debra K. Green Owens Community College PO Box 10,000 Toledo, OH 43699-1947	Director 0.5 hours	- 0 -	- 0 -	- 0 -
T. Allen Gunn Orkin Commercial Services 1355 Winnette Toledo, OH 43614	Director 0.5 hours	- 0 -	- 0 -	- 0 -
Andrea M. Gurscik TolTest, Inc. 1480 Ford Street Maumee, OH 43537	Vice President 0.5 hours	- 0 -	- 0 -	- 0 -
Lindsay F. Gregory 1729 Glen Ellyn Toledo, OH 43614	Ex-Officio 0.5 hours	- 0 -	- 0 -	- 0 -
Angela K. Jackson Quality Family Eyecare, Inc. 1245 Schreier Road Rossford, OH 43460	Director 0.5 hours	- 0 -	- 0 -	- 0 -
Kaye L. Koevenig Owens Community College PO Box 10,000 Toledo, OH 43699-1947	Director 0.5 hours	- 0 -	- 0 -	- 0 -
Susan M. Litten St. Luke's Hospital 5901 Monclova Road Maumee, OH 43537	Director 0.5 hours	- 0 -	- 0 -	- 0 -
Janet M. Meacham Fifth Third Bank 606 Madison Avenue Toledo, OH 43604	Past President 0.5 hours	- 0 -	- 0 -	- 0 -
Laura J. Moore Owens Community College PO Box 10,000 Toledo, OH 43699-1947	Executive Director 5 hours	- 0 -	- 0 -	- 0 -
Michael W. Rickard Owens Community College PO Box 10,000 Toledo, OH 43699-1947	Director 0.5 hours	- 0 -	- 0 -	- 0 -

Part IV
List of Officers, Directors, Trustees and Key Employees
As of 6/30/08

(A) Name and Address	(B) Title and hours/wk	(C) Compensation	(D) Benefits	(E) Expenses
Ann Savage Owens Community College PO Box 10,000 Toledo, OH 43699-1947	Ex Officio 0.5 hours	- 0 -	- 0 -	- 0 -
Allison M. Schroeder Levis Commons, Hills Partners Inc. 3201 Levis Commons Boulevard Perrysburg, OH 43551	Director 0.5 hours	- 0 -	- 0 -	- 0 -
David W. Seeger Great Lakes Credit Union 624 W. South Boundary Perrysburg, OH 43551	President 1 hour	- 0 -	- 0 -	- 0 -
William R. Steele Scholz Design, Inc. 3131 Executive Parkway Suite 200 Toledo, OH 43606	Director 0.5 hours	- 0 -	- 0 -	- 0 -
Christi A. Wagner Owens Corning One Owens Corning Parkway Toledo, OH 43659	Secretary 2 hours	- 0 -	- 0 -	- 0 -
Regina M. Woodson University of Toledo Medical Center 3000 Arlington Ave. 5th Floor Toledo, OH. 43614	Director 0.5 hours	- 0 -	- 0 -	- 0 -

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Owens Community College Alumni Association

Employer identification number

23 : 7168563

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶		-0-		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		-0-

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		-0-

Part III **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e Transfer of any part of its income or assets?		✓
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	✓	
b Did the organization have a section 403(b) annuity plan for its employees?		✓
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		✓
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		✓
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		✓
b Did the organization make any taxable distributions under section 4966?		✓
c Did the organization make a distribution to a donor, donor advisor, or related person?		✓
d Enter the total number of donor advised funds owned at the end of the tax year ▶		-0-
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		-0-
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		-0-
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		-0-

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	32,727	38,407	27,246	33,762	132,142
16 Membership fees received	12,960	12,140	10,640	7,090	42,830
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	25,111	21,095	17,997	19,870	84,073
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,885	2,574	895	125	7,479
19 Net income from unrelated business activities not included in line 18	-	-	-	-	-
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	-	-	-	-	-
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	-	-	-	-	-
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	-	-	-	-	-
23 Total of lines 15 through 22	74,683	74,216	56,778	60,847	266,524
24 Line 23 minus line 17	49,572	53,121	38,781	40,977	182,451
25 Enter 1% of line 23	747	742	568	608	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a NA
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				26b NA
	c Total support for section 509(a)(1) test: Enter line 24, column (e)				26c NA
	d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____				26d NA
	e Public support (line 26c minus line 26d total)				26e NA
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f NA %
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ 0 (2005) _____ 0 (2004) _____ 0 (2003) _____ 0				
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ 5,000 (2005) _____ 7,180 (2004) _____ 4,560 (2003) _____ 4,920				
	c Add: Amounts from column (e) for lines: 15 _____ 132,142 16 _____ 42,830 17 _____ 84,073 20 _____ 0 21 _____ 0				27c 259,045
	d Add: Line 27a total _____ 0 and line 27b total _____ 21,660				27d 21,660
	e Public support (line 27c total minus line 27d total)				27e 237,385
	f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)				27f 266,524
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g 89.1 %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h 2.8 %
28 Unusual Grants:	For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.				

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NA

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

NA

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Owens Community College Alumni Association EID # 23 - 7168563
FORM 990-EZ - 2007 Schedule Attachment

Form 990EZ - 2007 Schedule A Part III, Line 3a
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Schedule A

Part III, Line 3a

Scholarship recipient determination

The Alumni Legacy Scholarship requires the following:

The student must be enrolled at Owens Community College for a minimum of 6 credit hours each semester.

The student must have a minimum 3.0 CGPA (Cumulative grade point average).

One of the student's parents / legal guardians must be an Owens Alumni Association member.

An essay is required as part of the application.

A scholarship committee from the Owens Community College Alumni Association reviews the students' applications along with information provided by the College financial aid office, and determines which students are most deserving and qualified by assigning them points for each of the criteria.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Owens Community College Alumni Association

Employer identification number

23 7168563

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Owens Community College Alumni Association	Employer identification number 23 : 7168563
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	NONE	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Owens Community College Alumni Association	Employer identification number 23 : 7168563
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	NONE	\$ _____	____/____/____
	_____	\$ _____	____/____/____
	_____	\$ _____	____/____/____
	_____	\$ _____	____/____/____
	_____	\$ _____	____/____/____
	_____	\$ _____	____/____/____
	_____	\$ _____	____/____/____
	_____	\$ _____	____/____/____
	_____	\$ _____	____/____/____
	_____	\$ _____	____/____/____