





**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
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		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>   0		
37b	b Did the organization file Form 1120-POL for this year?		✓
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?		✓
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39a	39 Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	40a Section 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		
40b	b Section 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," complete Schedule L, Part I		✓
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	41 List the states with which a copy of this return is filed. ▶		
42a	42a The books are in care of ▶ <u>Patricia Smith</u> Telephone no. ▶ ( <u>567</u> ) <u>661-7641</u> Located at ▶ <u>P.O. Box 10000, Toledo, OH</u> ZIP + 4 ▶ <u>43699-1947</u>		
42b	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, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			✓
42c	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: ▶ _____		✓
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		
44	44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |     | Yes | No |
|-----|-----|----|
| 46  |     | ✓  |
| 47  |     | ✓  |
| 48  |     | ✓  |
| 49a |     | ✓  |
| 49b |     |    |
- 46 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 . . . . .
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b If "Yes," was the related organization(s) a section 527 organization? . . . . .
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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				
<b>Total number of other employees paid over \$100,000</b> ▶	0			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
<b>Total number of other independent contractors each receiving over \$100,000</b> . . ▶	0	

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**      *Laura J. Moore*      15/11/10  
 Signature of officer      Date

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

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶ ( )	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

Form 990-EZ (2008)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.) NA

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
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 1-3 . . . . .						
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.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	%
16a 33% support test—2008. If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	37,886	50,547	45,687	20,145	47,368	201,633
<b>2</b> 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 . . . . .	17,997	21,095	25,111	7,897	23,309	95,409
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	0	0	0	0	0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1-5 . . . . .	55,883	71,642	70,798	28,042	70,677	297,042
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	0	0	0	0	0	0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .	4,560	7,180	5,000	0	0	16,740
<b>c</b> Add lines 7a and 7b . . . . .	4,560	7,180	5,000	0	0	16,740
<b>8 Public support</b> (Subtract line 7c from line 6) . . . . .						280,302

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	55,883	71,642	70,798	28,042	70,677	297,042
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	895	2,574	3,885	2,708	593	10,655
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . . .	895	2,574	3,885	2,708	593	10,655
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						307,697

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	91.1 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	89.1 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	3.5 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	2.8 %

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶







**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Golf Outing</u>	<u>5 events &lt; 5,000</u>		(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts . . . . .	46,385	8,489	54,874
	2	Less: Charitable contributions . . . . .	31,565	0	31,565
	3	Gross revenue (line 1 minus line 2) . . . . .	14,820	8,489	23,309
Direct Expenses	4	Cash prizes . . . . .	0	0	0
	5	Non-cash prizes . . . . .	1,452	0	1,452
	6	Rent/facility costs . . . . .	7,820	0	7,820
	7	Other direct expenses . . . . .	6,650	20,775	27,425
	8	Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶			( 36,697 )
9	Net income summary. Combine lines 3 and 8 in column (d) . . . . . ▶			-13,388	

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

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

- 9 Enter the state(s) in which the organization operates gaming activities: NONE
- a Is the organization licensed to operate gaming activities in each of these states? . . . . .
- b If "No," Explain:
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," Explain:
- 11 Does the organization operate gaming activities with nonmembers? . . . . .
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

	Yes	No
9a		
10a		
11		
12		



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	\$7,943	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	\$8,443	Affiliate	Donation to the Detective Keith Dressel Scholarship Fund
Various elementary schools / students in Lucas, Wood and Hancock counties	\$1,873	None	Donation of school supplies for kindergarten students
	<u>\$28,259</u>		

**Part IV**  
**List of Officers, Directors, Trustees and Key Employees**  
**As of 6/30/09**

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

**Part IV**  
**List of Officers, Directors, Trustees and Key Employees**  
**As of 6/30/09**

(A) Name and Address	(B) Title and hours/wk	(C) Compensation	(D) Benefits	(E) Expenses
<b>Allison M. Schroeder</b> Levis Commons, Hills Partners Inc. 3201 Levis Commons Boulevard Perrysburg, OH 43551	Director 0.5 hours	- 0 -	- 0 -	- 0 -
<b>David W. Seeger</b> Great Lakes Credit Union 624 W. South Boundary Perrysburg, OH 43551	President 1 hour	- 0 -	- 0 -	- 0 -
<b>William R. Steele</b> Scholz Design, Inc. 3131 Executive Parkway Suite 200 Toledo, OH 43606	Director 0.5 hours	- 0 -	- 0 -	- 0 -
<b>Aurelius Taylor</b> 1459 Belmont Ave. Toledo, OH 43607-4110	Ex-Officio 0.5 hours	- 0 -	- 0 -	- 0 -
<b>Christi A. Wagner</b> Owens Corning One Owens Corning Parkway Toledo, OH 43659	Secretary 2 hours	- 0 -	- 0 -	- 0 -
<b>Regina M. Woodson</b> University of Toledo Medical Center 3000 Arlington Ave. 5th Floor Toledo, OH. 43614	Director 0.5 hours	- 0 -	- 0 -	- 0 -