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CLIENT'S COPY

DRAFT

MS ELIZABETH SAVAGE  
OWENS COMMUNITY COLLEGE FOUNDATION  
P.O. BOX 10000  
TOLEDO, OH 43699-1947

DEAR ELIZABETH:

ENCLOSED IS THE 2008 EXEMPT ORGANIZATION RETURN, AS  
FOLLOWS...

2008 FORM 990-EZ

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE  
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED  
FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE  
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX  
RETURN.

VERY TRULY YOURS,

CAROL LALONDE, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

JUNE 30, 2009

|   |   |
|---|---|
| <b>Prepared for</b>                                 | MS ELIZABETH SAVAGE<br>OWENS COMMUNITY COLLEGE FOUNDATION<br>P.O. BOX 10000<br>TOLEDO, OH 43699-1947  |
| <b>Prepared by</b>                                  | PLANTE & MORAN, PLLC<br>3434 GRANITE CIRCLE<br>TOLEDO, OH 43617-1160  |
| <b>Amount due or refund</b>                         | NOT APPLICABLE  |
| <b>Make check payable to</b>                        | NOT APPLICABLE  |
| <b>Mail tax return and check (if applicable) to</b> | NOT APPLICABLE  |
| <b>Return must be mailed on or before</b>           | NOT APPLICABLE  |
| <b>Special Instructions</b>                         | THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE. |

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)

OMB No. 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: C Name of organization OWENS COMMUNITY COLLEGE FOUNDATION D Employer identification number 20-1625785 E Telephone number 567-661-7641 F Group Exemption Number

G Accounting method: X Accrual Other (specify) H Check if the organization is not required to attach Schedule B

I Website: WWW.OWENS.EDU

J Organization type (check only one) X 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 532,745.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 491,915. Expenses total: 322,009. Net Assets total: 2,030,629.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 2,269,470. Total liabilities: 117,326. Net assets: 2,152,144.



**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 .....   |     | X   |
| 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 .....   |     | X   |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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 section 6033(e) notice, reporting, and proxy tax requirements? .....   |     | X   |
| b   | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....  | N/A |     |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N .....   |     | X   |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. .... <b>37a</b> 0.   |     |     |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? .....  |     | X   |
| 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? .....                              |     | X   |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved .....   | N/A |     |
| 39  | Section 501(c)(7) organizations. Enter:  |     |     |
| a   | Initiation fees and capital contributions included on line 9 .....   | N/A |     |
| b   | Gross receipts, included on line 9, for public use of club facilities .....  | N/A |     |
| 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.  |     |     |
| 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 ..... |     | X   |
| 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? If "Yes," complete Form 8886-T .....   |     | X   |
| 41  | List the states with which a copy of this return is filed. ▶ OH  |     |     |
| 42a | The books are in care of ▶ <u>PATRICIA SMITH</u> Telephone no. ▶ (567) 661-7641<br>Located at ▶ <u>P.O. BOX 10000, TOLEDO, OH</u> ZIP + 4 ▶ 43699-1947   |     |     |
| 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)? .....             |     | X   |
|     | If "Yes," enter the name of the foreign country: ▶ .....   |     |     |
|     | See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .  |     |     |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U.S.? .....   |     | X   |
|     | If "Yes," enter the name of the foreign country: ▶ .....   |     |     |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here ..... <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year .....                     | 43  | N/A |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ .....   |     | X   |
| 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 .....  |     | X   |

**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 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49b If "Yes," was the related organization(s) a section 527 organization?   | <input type="checkbox"/> | <input type="checkbox"/>            |

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   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

Total number of other employees paid over \$100,000

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   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

Total number of other independent contractors each receiving over \$100,000

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: \_\_\_\_\_  
**ELIZABETH A. SAVAGE, FOUNDATION PRESIDENT**  
 Type or print name and title.

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check if self-employed  Preparer's Identifying Number (See instr.) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **PLANTE & MORAN, PLLC**  
**3434 GRANITE CIRCLE**  
**TOLEDO, OH 43617-1160**  
 EIN: \_\_\_\_\_  
 Phone no.: **(419) 843-6000**

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **OWENS COMMUNITY COLLEGE FOUNDATION** Employer identification number **20-1625785**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b> |     |    |
| (ii) A family member of a person described in (i) above? <b>11g(ii)</b>  |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>  |     |    |
- h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 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.)

**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.") .....  | 255,663. | 509,553. | 259,344. | 483,639. | 476,877. | 1985076.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 - 3 .....  | 255,663. | 509,553. | 259,344. | 483,639. | 476,877. | 1985076.  |
| <b>5</b> 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) ..... |          |          |          |          |          | 336,745.  |
| <b>6 Public Support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 1648331.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 255,663. | 509,553. | 259,344. | 483,639. | 476,877. | 1985076.                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 55,428.  | 75,526.  | 65,989.  | 79,296.  | 43,708.  | 319,947.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10 .....  |          |          |          |          |          | 2305023.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 71.51 | % |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....   | <b>15</b>                           | 58.50 | % |
| <b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |       |   |
| <b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |       |   |
| <b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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.") .....   |          |          |          |          |          |           |
| <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 .....       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 - 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <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 ..... |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**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 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**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)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....                    | <b>16</b> | % |

**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)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....                      | <b>18</b> | % |

**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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

OWENS COMMUNITY COLLEGE FOUNDATION

Employer identification number

20-1625785

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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

|   |   |
|---|---|
| Name of organization<br><b>OWENS COMMUNITY COLLEGE FOUNDATION</b> | Employer identification number<br><b>20-1625785</b> |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|------------|---|--------------------------------|---|
| 1          | DR. CHRISTA ADAMS & DR. W. JACOBUS<br>29612 DURHAM DR.<br>PERRYSBURG, OH 43551  | \$ 16,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | AUTO DEALERS UNITED FOR KIDS<br>5625 W. CENTRAL AVE.<br>TOLEDO, OH 43615  | \$ 12,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| 3          | BEATRICE BLAIR IRREVOCABLE TRUST<br>KEYBANK NATIONAL ASSOCIATION, 127<br>PUBLIC SQ. FL. 16,<br>CLEVELAND, OH 44114-1217 | \$ 22,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| 4          | MASTER CHEMICAL<br>501 WEST BOUNDARY<br>PERRYSBURG, OH 43551-6029   | \$ 70,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| 5          | NATIONAL CITY BANK/ PNC<br>P.O. BOX 1688<br>TOLEDO, OH 43603-1688   | \$ 9,600.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| 6          | OWENS ALUMNI ASSOCIATION<br>P.O. BOX 10000<br>TOLEDO, OH 43699-1947   | \$ 26,386.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|   |   |
|---|---|
| Name of organization<br><b>OWENS COMMUNITY COLLEGE FOUNDATION</b> | Employer identification number<br><b>20-1625785</b> |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 7          | <u>OREGON FRATERNAL ORDER OF POLICE</u><br><u>5330 SEAMAN RD</u><br><u>OREGON, OH 43616-2608</u>                                       | \$ <u>10,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          | <u>OWENS ILLINOIS, INC.</u><br><u>1 MICHAEL OWENS WAY</u><br><u>PERRYSBURG, OH 43551-2999</u>  | \$ <u>52,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9          | <u>THE STRANAHAN FOUNDATION</u><br><u>4169 N. HOLLAND SYLVANIA RD, SUITE 201</u><br><u>TOLEDO, OH 43623-4804</u>                       | \$ <u>37,500.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 10         | <u>UPS FREIGHT</u><br><u>1550 HOLLAND ROAD</u><br><u>MAUMEE, OH 43537-1658</u>   | \$ <u>9,300.</u>               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 11         | <u>US DEPARTMENT OF EDUCATION</u><br><u>OFFICE OF POSTSECONDARY EDUCATION 1990</u><br><u>K ST. N.W.</u><br><u>WASHINGTON, DC 20006</u> | \$ <u>40,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |



**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<br>(Add col. (a) through col. (c)) |
|-----------------|---|---|--------------|------------------------|---|
|                 |   | FOUNDATION GALA<br>(event type)                             | (event type) | NONE<br>(total number) |   |
| Revenue         | 1 | Gross receipts  | 53,620.      |                        | 53,620.   |
|                 | 2 | Less: Charitable contributions                              | 6,650.       |                        | 6,650.  |
|                 | 3 | Gross revenue (line 1 minus line 2)                         | 46,970.      |                        | 46,970.   |
| Direct Expenses | 4 | Cash prizes   |              |                        |   |
|                 | 5 | Non-cash prizes   |              |                        |   |
|                 | 6 | Rent/facility costs   |              |                        |   |
|                 | 7 | Other direct expenses                                       | 24,253.      |                        | 24,253.   |
|                 | 8 | Direct expense summary. Add lines 4 through 7 in column (d) |              |                        | ( 24,253.)  |
|                 | 9 | Net income summary. Combine lines 3 and 8 in column (d)     |              |                        | 22,717.   |

**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))                    |
|-----------------|---|--|---|---|---|
|                 |   |  |   |   |   |
| Revenue         | 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 _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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) |   |   |   |

|  | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____   |     |    |
| a Is the organization licensed to operate gaming activities in each of these states? _____   | 9a  |    |
| b If "No," Explain:<br>_____   |     |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____   | 10a |    |
| b If "Yes," Explain:<br>_____  |     |    |
| 11 Does the organization operate gaming activities with nonmembers? _____  | 11  |    |
| 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? _____ | 12  |    |



**13** Indicate the percentage of gaming activity operated in:

|  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility ..... | <b>13a</b> | % |
| <b>b</b> An outside facility .....         | <b>13b</b> | % |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

|            | Yes | No |
|------------|-----|----|
| <b>13a</b> |     |    |
| <b>13b</b> |     |    |
| <b>14</b>  |     |    |
| <b>15a</b> |     |    |
| <b>16</b>  |     |    |
| <b>17a</b> |     |    |

| FORM 990-EZ                   | OTHER EXPENSES | STATEMENT | 1 |
|-------------------------------|----------------|-----------|---|
| DESCRIPTION                   |                | AMOUNT    |   |
| CULTIVATION                   |                | 9,105.    |   |
| MEETINGS EXPENSE              |                | 5,932.    |   |
| DONOR RECOGNITION             |                | 885.      |   |
| LEGAL FEES                    |                | 8,846.    |   |
| AUDIT FEES                    |                | 7,344.    |   |
| CONFERENCES/TRAVEL            |                | 8,124.    |   |
| PRINTING/MAIL                 |                | 398.      |   |
| MEMBERSHIPS                   |                | 2,200.    |   |
| MISCELLANEOUS EXPENSE         |                | 769.      |   |
| TOTAL TO FORM 990-EZ, LINE 16 |                | 43,603.   |   |

| FORM 990-EZ                   | OTHER ASSETS | STATEMENT   | 2 |
|-------------------------------|--------------|-------------|---|
| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |   |
| ACCOUNTS RECEIVABLE           | 1,000.       | 0.          |   |
| PLEDGES RECEIVABLE            | 166,655.     | 100,473.    |   |
| PUBLIC SECURITIES             | 1,440,469.   | 1,379,769.  |   |
| TOTAL TO FORM 990-EZ, LINE 24 | 1,608,124.   | 1,480,242.  |   |

| FORM 990-EZ                   | OTHER LIABILITIES | STATEMENT   | 3 |
|-------------------------------|-------------------|-------------|---|
| DESCRIPTION                   | BEG. OF YEAR      | END OF YEAR |   |
| ACCOUNTS PAYABLE              | 48,498.           | 78,419.     |   |
| DEFERRED REVENUE              | 1,709.            | 3,051.      |   |
| FUNDS IN CUSTODY              | 67,119.           | 66,385.     |   |
| TOTAL TO FORM 990-EZ, LINE 26 | 117,326.          | 147,855.    |   |

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|             |   |           |   |
|-------------|---|-----------|---|
| FORM 990-EZ | GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES | STATEMENT | 4 |
|-------------|---|-----------|---|

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| DESCRIPTION            | GROSS<br>SALES PRICE | COST OR<br>OTHER BASIS | EXPENSE<br>OF SALE | NET GAIN<br>OR (LOSS) |
|------------------------|----------------------|------------------------|--------------------|-----------------------|
| ZIMMER STOCK SALE      | 2,160.               | 2,105.                 | 0.                 | 55.                   |
| THIRD AVENUE FUND      | 10,000.              | 14,472.                | 0.                 | -4,472.               |
| TO FORM 990-EZ, LINE 5 | 12,160.              | 16,577.                | 0.                 | -4,417.               |

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|             |  |           |   |
|-------------|--|-----------|---|
| FORM 990-EZ | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | STATEMENT | 5 |
|-------------|--|-----------|---|

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| DESCRIPTION                    | AMOUNT    |
|--------------------------------|-----------|
| UNREALIZED LOSS ON INVESTMENTS | -291,421. |
| TOTAL TO FORM 990-EZ, LINE 20  | -291,421. |

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DRAFT

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

DRAFT



OWENS COMMUNITY COLLEGE FOUNDATION

20-1625785

|   |                              |    |    |    |
|---|------------------------------|----|----|----|
| EMILY A. WALTON<br>P.O. BOX 10000, TOLEDO, OH 43699-1947    | DIRECTOR<br>0.50             | 0. | 0. | 0. |
| JAMES W. BAEHREN<br>P.O. BOX 10000, TOLEDO, OH 43699-1947   | DIRECTOR<br>0.50             | 0. | 0. | 0. |
| PAUL L. MEINERDING<br>P.O. BOX 10000, TOLEDO, OH 43699-1947 | DIRECTOR<br>0.50             | 0. | 0. | 0. |
| J. MICHAEL WILDER<br>P.O. BOX 10000, TOLEDO, OH 43699-1947  | DIRECTOR<br>0.50             | 0. | 0. | 0. |
| CHARLES L. BILLS<br>P.O. BOX 10000, TOLEDO, OH 43699-1947   | DIRECTOR<br>0.50             | 0. | 0. | 0. |
| JOHN C. MOORE<br>P.O. BOX 10000, TOLEDO, OH 43699-1947      | DIRECTOR<br>0.50             | 0. | 0. | 0. |
| JOHN R. ZAJAC<br>P.O. BOX 10000, TOLEDO, OH 43699-1947      | DIRECTOR<br>0.50             | 0. | 0. | 0. |
| JAMES F. CARTER<br>P.O. BOX 10000, TOLEDO, OH 43699-1947    | DIRECTOR<br>0.50             | 0. | 0. | 0. |
| JAMES M. MURRAY<br>P.O. BOX 10000, TOLEDO, OH 43699-1947    | DIRECTOR<br>0.50             | 0. | 0. | 0. |
| JOHN W. CHRISTY<br>P.O. BOX 10000, TOLEDO, OH 43699-1947    | DIRECTOR<br>0.50             | 0. | 0. | 0. |
| ALAN M. SATTLER<br>P.O. BOX 10000, TOLEDO, OH 43699-1947    | DIRECTOR<br>0.50             | 0. | 0. | 0. |
| M. SCOTT AUBRY<br>P.O. BOX 10000, TOLEDO, OH 43699-1947     | DIRECTOR<br>0.50             | 0. | 0. | 0. |
| DEBRA K. GREEN<br>P.O. BOX 10000, TOLEDO, OH 43699-1947     | ASSISTANT SECRETARY<br>5.00  | 0. | 0. | 0. |
| PATRICIA M. SMITH<br>P.O. BOX 10000, TOLEDO, OH 43699-1947  | ASSISTANT TREASURER<br>15.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990-EZ, PART IV                     |                              | 0. | 0. | 0. |

THE FOUNDATION PROVIDED A GRANT FROM MASTER CHEMICAL CORP. THAT PROVIDED A COOLANT RESEARCH TECHNICIAN TO THE OWENS COMMUNITY COLLEGE SCHOOL OF TECHNOLOGY FOR RESEARCH AND TEACHING.

DRAFT

THE FOUNDATION PROVIDED A GRANT FROM THE STRANAHAN FOUNDATION THAT SUPPORTED THE COLLEGE'S "SUMMER BRIDGE PROGRAM" BY FUNDING THE SALARY OF THE BRIDGE COORDINATOR AS WELL AS OTHER SUPPORTIVE SERVICES FOR STUDENTS WHO NEEDED ADDITIONAL ASSISTANCE BEFORE ENTERING COLLEGE IN THE FALL.

DRAFT



THE MISSION OF THE OWENS COMMUNITY COLLEGE FOUNDATION IS TO DEVELOP AND PROVIDE RESOURCES TO ADVANCE THE COLLEGE'S MISSION OF SERVING OUR STUDENTS AND OUR COMMUNITY. SIMPLY PUT: WE INVEST IN YOUR SUCCESS.

THE VISION OF THE OWENS COMMUNITY COLLEGE FOUNDATION IS THAT HIGHER EDUCATION SHOULD BE AVAILABLE TO EVERYONE. THE FOUNDATION WORKS TO REMOVE BARRIERS TO EDUCATION BY PROVIDING STUDENT SCHOLARSHIPS AND SUPPORTING GROWTH AND INNOVATION AT OWENS COMMUNITY COLLEGE.

DRAFT

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 11

DESCRIPTION

GRANTS

EXPENSES

PROVIDED FUNDING ASSISTANCE OF \$30,000 FOR THE COLLEGE'S FINDLAY CAMPUS CAPITAL INVESTMENT IN A BUILDING THAT INCLUDES A LIBRARY AND 10 CLASSROOMS.

PROVIDED FUNDING TO ASSIST THE COLLEGE'S HOSTING OF PROGRAMS AND PERFORMANCES IN THE COLLEGE CENTER FOR PERFORMING ARTS THEATER.

CONTRIBUTED TO AN ECONOMIC DEVELOPMENT INITIATIVE FOR NORTHWEST OHIO THAT WOULD BENEFIT THE COLLEGE BY BRINGING IN NEW BUSINESS TO THE AREAS THAT THE COLLEGE SERVES.

ASSISTANCE TO VARIOUS OTHER COLLEGE DEPARTMENTS AND PROGRAMS.

66,782.

66,782.

TOTAL TO FORM 990-EZ, LINE 31

66,782.

66,782.

DRAFT

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

|  |  |   |
|--|--|---|
| <b>Part II</b> <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed). |  |   |
| <b>Type or print</b><br><br><small>File by the extended due date for filing the return. See instructions.</small>      | Name of Exempt Organization<br><b>OWENS COMMUNITY COLLEGE FOUNDATION</b>   | Employer identification number<br><b>20-1625785</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>P.O. BOX 10000</b>                          | For IRS use only                                    |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>TOLEDO, OH 43699-1947</b> |   |

**Check type of return to be filed** (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**PATRICIA SMITH**

• The books are in the care of **P.O. BOX 10000 - TOLEDO, OH 43699-1947**

Telephone No. **(567) 661-7641** FAX No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **MAY 15, 2010**

**5** For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

**6** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**7** State in detail why you need the extension  
**ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

|  |           |               |
|--|-----------|---------------|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> | \$            |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$            |
| <b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>8c</b> | \$ <b>N/A</b> |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **FOUNDATION PRESIDENT** Date

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

**2008**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**OWENS COMMUNITY COLLEGE FOUNDATION**

**20-1625785**

Name and title of officer

**ELIZABETH A. SAVAGE  
FOUNDATION PRESIDENT**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|  |  |                         |
|--|--|-------------------------|
| <b>1a</b> Form 990 check here ▶ <input type="checkbox"/>               | <b>b</b> Total revenue, if any (Form 990, line 12) .....                     | <b>1b</b> _____         |
| <b>2a</b> Form 990-EZ check here ▶ <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                   | <b>2b</b> <u>491915</u> |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>          | <b>b</b> Total tax (Form 1120-POL, line 22) .....                            | <b>3b</b> _____         |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>            | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) ..... | <b>4b</b> _____         |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>              | <b>b</b> Balance Due (Form 8868, line 3c) .....                              | <b>5b</b> _____         |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize PLANTE & MORAN, PLLC to enter my PIN 00001  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 34428013579  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**