

JANUARY 8, 2018

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

OWENS COMMUNITY COLLEGE FOUNDATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2016 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2016 FORM 990

THE =INTERNAL =REVENUE =SERVICE REQUIRES THAT YOU MAKE YOUR ANNUAL EXEMPT ORGANIZATION RETURNS AND RELATED DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION FOR 3 YEARS FROM THE FILING DATE. THE EXEMPTION APPLICATION, LETTER OF DETERMINATION AND RELATED DOCUMENTS MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION INDEFINITELY. THE =ORGANIZATION MUST FURNISH A COPY OF ITS EXEMPTION APPLICATION AND/OR INFORMATION RETURNS FOR THE LAST 3 YEARS TO ANYONE WHO REQUESTS SO IN PERSON OR IN WRITING. INFORMATION RETURNS MADE AVAILABLE FOR PUBLIC INSPECTION MUST BE PROPERLY SIGNED.

IN ADDITION TO THE CLIENT COPY OF THE 990, WE HAVE INCLUDED A COPY AVAILABLE TO MEET THE PUBLIC INSPECTION REQUIREMENTS. THIS COPY DOES NOT INCLUDE CERTAIN ITEMS NOT SUBJECT TO PUBLIC INSPECTION.

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

VERY TRULY YOURS,

LARRY WEEKS

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2017

PREPARED FOR:

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

PREPARED BY:

CLARK, SCHAEFER, HACKETT & CO. 14 EAST MAIN STREET, SUITE 500 SPRINGFIELD, OH 45502

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED FOR STATE FILING PURPOSES.

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 BY MAY 15, 2018

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

A F	or the	2016 calendar year, or tax year beginning $$	ng J	ŬN 30, 2017	
B 0	heck if oplicable	C Name of organization		D Employer identifi	cation number
	Addres	OWENS COMMUNITY COLLEGE FOUNDATION			
	Name change			**_*	**5785
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telephone numbe	r
	Final return/	P.O. BOX 10000		567-	661-7641
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	653,513.
	Ameno return	IOLEDO, OH 43099-1947		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: OENNIFER FERNALCH			? Yes X No
		SAME AS C ABOVE	\dashv	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)
		e: ► WWW.OWENS.EDU organization: X Corporation Trust Association Other ► ↓		H(c) Group exemption	
	orm of rt I	organization: X Corporation	L year c	of formation: 2003	M State of legal domicile: OH
10		Briefly describe the organization's mission or most significant activities: THE MIS	STO	V OF THE OW	FNC
ce		COMMUNITY COLLEGE FOUNDATION IS TO DEVELOP A			
Jan		Check this box if the organization discontinued its operations or disposed of			
veri		Number of voting members of the governing body (Part VI, line 1a)		ا ا	22
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			22
ა ა		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			0
'itie		Total number of volunteers (estimate if necessary)			0
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		491,792.	325,731.
		Program service revenue (Part VIII, line 2g)		0.	0.
3ev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		120,650.	92,552.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		612,442.	418,283.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		482,253.	210,974.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (A), line 25) \(\) \(<u> </u>	
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		53,392.	49,841.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		535,645.	260,815.
		Revenue less expenses. Subtract line 18 from line 12		76,797.	157,468.
or			Beg	inning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,517,943.	3,975,353.
t As	21	Total liabilities (Part X, line 26)		83,541.	88,683.
		Net assets or fund balances. Subtract line 21 from line 20		3,434,402.	3,886,670.
	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s			/ knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer i	nas any knowledge.	
C: ~		Signature of officer		I Date	
Sign		JENNIFER FEHNRICH, FOUNDATION EXECUTIVE I	DTRE		
Her	=	Type or print name and title		CIOR	
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid		JESSE YOUNG JESSE YOUNG	0	1/08/18 if self-employ	P01236247
Prep		Firm's name CLARK, SCHAEFER, HACKETT & CO.		Firm's EIN ▶	**-***0053
Use	Only	Firm's address 14 EAST MAIN STREET, SUITE 500			
_		SPRINGFIELD, OH 45502		Phone no. 93	7-399-2000
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Page 2

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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. WE INVEST IN YOUR SUCCESS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$153,770 . including grants of \$153,770 .) (Revenue \$
	THE FOUNDATION AWARDED 214 SCHOLARSHIPS TO STUDENTS TO COVER TUITION,
	FEES, AND OTHER EDUCATIONAL EXPENSES TO ATTEND OWENS COMMUNITY COLLEGE.
4b	(Code:) (Expenses \$
	THE FOUNDATION PROVIDES FUNDING TO VARIOUS COLLEGE DEPARTMENTS AND
	PROGRAMS FOR EQUIPMENT, SUPPLIES, ADVERTISING, SPECIAL EVENTS, AND ANY
	OTHER SUPPORT THAT CANNOT BE SUPPLIED BY THE COLLEGE BUDGET.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 210,974.
	Form 990 (2016

Form 990 (2016) OWENS COMMUNITY COLLEGE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	Х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	^	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		-11
13	complete Schedule G. Part III	19		х
	CUITIQUELE OCHECULE CI. Fall III		990	

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b		200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
		06		x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		- V
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			α	

Form 990 (2016) OWENS COMMUNITY COLLEGE FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box 3 of Form 1086. Enter 4-if not applicable 1a 0 0 1b 1c 0 1c 1c 0 0 1c 1c		Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	<u></u> .				
be Enter the number of Forms W261 included in line 1s. Enter o'. If not applicable control of the department or comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pitce winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, riled for the caleridary gear ending with or within the year covered by this return 2b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b. If a least one is reported on line 2a, did the organization file all required rederal employment tax returns? 2c. If a least one is reported on line 2a, did the organization file all required rederal employment tax returns? 3b. If Yes, I are filed a Form 990 ff or file year? Yes, Yes to give control or signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4b. If Yes, enter the name of the foreign country. In the security of the security security such as a bank account, securities account, or other financial accounts (FBAR). 5a. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b. If Yes, enter the name of the foreign country. If we are in a party to a prohibited tax shelter transaction? 5c. If Yes, if the organization include with views or is a party to a prohibited tax shelter transaction? 5c. If Yes, if the organization includes with views of is a party to a prohibited tax shelter transaction? 6c. If Yes, if the organization includes with views or is a party to a prohibited tax shelter transaction? 6c. If Yes, if the organ									
b Enter the number of Forms W-2G included in line 1s. Enter-0-18 not applicable in Colift the organization comply with backup withholding rules for reportable gammans (gambiling) winnings to prite winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return If a least one is reported on line 22, clid the organization file all required federal employment tax returns? Abote. If the sum of fines 1 and 25 as greater than 250, you may be required to e-file 6e lean instructions) Note. If the sum of fines 1 and 25 as greater than 250, you may be required to e-file 6e lean instructions) Abote 1 the value of file 25 as greater than 250, you may be required to e-file 6e lean instructions? B If Yea's has the did a Form 990 of 76 the layer 27 "W/s, to file 3b, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account of 76 the layer 27 "W/s, to file 3b, provide an explanation of financial account? 4b If Yea's relate the name of the foreign country; b-See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes's to line 5a o 5b, did the organization file Form 88817 5c If Yes's to line 5a o 5b, did the organization file Form 88817 5c If Yes's did the organization include with every selicitation an express statement that such contributions or gifts were not tax doubtcible? 7 Organizations that way receive deductible contributions under section 170(c). 8 If Yes's did the organization necess of \$5's made party as combination and party for goods and services provided to the payor? 7a If Yes's did the organization necessed asymmetric excess of \$5's made party as combination and party for goods and services p	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	C					
to the prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3b If at least one is reported on line 2a, did the organization file all required feedral employment tax returns? 3b If we man of lines 1 and 2a is greater than 250, you may be required to e-julg (see instructions) 3c If the organization have unrelated business gross income of \$1,000 or more during the year? 3c If we organization have unrelated business gross income of \$1,000 or more during the year? 3c If we organization have unrelated business gross income of \$1,000 or more during the year? 3c If we organization thave unrelated business gross income of \$1,000 or more during the year? 3c If we organization in 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 accounts (FBAR). 3c If we were the name of the foreign country ▶ 3c If we were the name of the foreign country ▶ 3c If we were the name of the foreign country ▶ 3c If we were the name of the foreign country ▶ 3c If we were the name of the foreign country ▶ 3c If we were the name of the foreign country ▶ 3c If we were the name of the foreign country ▶ 3c If we were the name of the foreign country ▶ 3c If we were the name of the foreign country ▶ 3c If we were the name of the foreign country ▶ 3c If we were the name of the foreign country ▶ 3c If we were the name of the foreign country ▶ 3c If we were not tax deductibles of the mass election 170(c). 3c If we organization have annual gross receipts that are normally greater than \$100,000, and did the organization society any organization netwer and partly the donor of the value of the goods or services provided? 3c If we organizations that were not tax deductibles an charable contributions? 3c If we organization	b		1b	C					
28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, led for the callendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-life (see instructions) 3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming					
28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, led for the callendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-life (see instructions) 3a		(gambling) winnings to prize winners?	······		1c	Х			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it field a Form 990-T for this year? If "No," is line 3b, provide an explanation in Schedule O 3b If a A any time during the calendary year, did the organization have unrelated in a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5b If "Yes," it is line 5a or 5b, did the organization have that the was or is a party to a prohibitod tax shelter transaction? 5b If "Yes," it is line 5a or 5b, did the organization file form 8886-T? 6c If "Yes," it of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," it did the organization notify the donor of the value of the goods or services provided? 7c If a price of the organization notify the donor of the value of the goods or services provided? 7d If If yes, "did the organization notify the donor of the value of the goods or services provided? 7d If If yes, a price of the organization receive a payment in excess of \$75 male party as a contribution of quartication file form 8999 as required? 7d If If yes, a financiate the number of Forms 8282 filed during the year 6 Did the organization seleves a payment in excess of \$75 male party as a contribution of quartication file forms 8999 as required? 7d If yes, a file organization was a c	2 a								
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			130		44-		У		
	α	Tes, Has It liled a Form τ∠ο to report these payments? If "No." provide an explanation in Schedule	e Ο			990	(2016)		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				
	officer, director, trustee, or key employee?			2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		Х	
6	Did the organization have members or stockholders?			6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app			Ť			
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
~	persons other than the governing body?			7b		x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			1.0			
а	The governing body?	-	•	8a	Х		
h	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			0.0			
Ŭ	organization's mailing address? <i>If</i> "Yes." provide the names and addresses in Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev						
	(This decitor is requests information about policies not required by the internal nev	cnac	0040./		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
		•		10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	X		
b							
12a				12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	o conf	licts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye						
	in Schedule O how this was done	,		12c	X		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15a		X	
b	Other officers or key employees of the organization			15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi	th a				
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its pa	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	zation	's				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	on 501(c)(3)s only) av	ailable)		
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain	in Sch	nedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf			financ	al		
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and	records:				
	PATRICIA SMITH - 567-661-7641						
	P.O. BOX 10000, TOLEDO, OH 43699-1947						

632006 11-11-16

Form **990** (2016)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((C)			(D)	(E)	(F)		
Name and Title	Average	(do		Pos) than	one	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	son i	s both	h an	compensation	compensation	amount of		
	week		Jei aii		lecto	I I us	T	from	from related	other		
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	9e or (stee			nsated		(W-2/1099-MISC)	(** 27 1033 141100)	organization		
	organizations	trust	nal tru		oyee	om pe				and related		
	below	vidual	Institutional trustee	Jec	Key employee	Highest compensated employee	ner			organizations		
	line)	Indi	Inst	Officer	Key	High	Former					
(1) PHILIP J. RUDOLPH	2.00											
CHAIRMAN		Х		Х				0.	0.	0.		
(2) DIANA H. TALMAGE	2.00								_	_		
VICE CHAIRMAN		Х		Х				0.	0.	0.		
(3) MATTHEW J. MISHLER	2.00											
SECRETARY		Х		Х			_	0.	0.	0.		
(4) DAVID J. MCMACKEN	2.00											
TREASURER		Х		Х			_	0.	0.	0.		
(5) L. MICHAEL BOWER	0.50											
DIRECTOR-AT-LARGE		Х					_	0.	0.	0.		
(6) CHARLES BROWN	0.50								_	_		
DIRECTOR-AT-LARGE		Х					_	0.	0.	0.		
(7) JAMES F. CARTER	0.50											
DIRECTOR-AT-LARGE		Х					<u> </u>	0.	0.	0.		
(8) WALTER J. CELLEY	0.50											
DIRECTOR-AT-LARGE		Х					_	0.	0.	0.		
(9) MICHAEL E. DUFFEY	0.50											
DIRECTOR-AT-LARGE		Х					_	0.	0.	0.		
(10) JAMES H. GEERS	0.50											
DIRECTOR-AT-LARGE	2 - 2	Х					_	0.	0.	0.		
(11) ANDREA M. GURCSIK	0.50											
DIRECTOR-AT-LARGE	2 - 2	Х					_	0.	0.	0.		
(12) THOMAS L. HOSLER	0.50											
DIRECTOR-AT-LARGE	2 - 2	Х					_	0.	0.	0.		
(13) JEANNE Y. HYLANT	0.50											
DIRECTOR-AT-LARGE	2 - 2	Х					_	0.	0.	0.		
(14) LAWRENCE JONES	0.50											
DIRECTOR-AT-LARGE		Х					_	0.	0.	0.		
(15) DANIEL E. KIMMET	0.50											
DIRECTOR-AT-LARGE	2 - 2	Х						0.	0.	0.		
(16) ALLAN J. LIBBE	0.50									_		
DIRECTOR-AT-LARGE	0.50	Х				_	_	0.	0.	0.		
(17) RONALD W. MATTER	0.50									_		
DIRECTOR-AT-LARGE		X						0.	0.	0.		

632007 11-11-16

Form 990 (2016)

Name and title Average hours per week (list any hours for related organizations below line) Name and title Average hours per week (list any hours for related organizations below line) Name and title Average hours per week (list any hours for related organizations below line) Name and title Average hours per week (list any hours for related organizations below line) Name and title Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from (W-2/1099-MISC) Name and title Reportable compensation from the organization (W-2/1099-MISC) Name and title Name and t	Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		, , , , , , , , , , , , , , , , , , ,			(E)	
TOURS DE LOUIS DE LOU	(A)	(B)	D. Miller						(D)	(E)	` ′		(F)	
Sub-total Sub-	Name and title	1		not c	heck	more	than		1 '		- 1	l '		
hours for inclined organization hour									1	•	- 1	ا		O1
(18) RONALD A, MCMASTER BOADD OF TRUSTERS BESIDER X		1 '	ector						the			com	pensa	tion
(18) RONALD A, MCMASTER BOADD OF TRUSTERS BESIDER X			or dir	g .			ated		1	(W-2/1099-MIS	3C)	l		
(18) RONALD A, MCMASTER BOADD OF TRUSTERS BESIDER X			ustee	truste		9	bens		(W-2/1099-MISC)			ı ~		
(18) RONALD A, MCMASTER BOADD OF TRUSTERS BESIDER X		1 ~	dual tr	rtional		nploye	st con					l		
(18) RONALD A. MCMASTER BOAD OF TRUSTERS DISCINGE X		line)	Individ	Institu	Office	Key en	Highe	Forme				5.9.		00
TIPS TROMAS P. POUNDS DIRECTOR -AT-LARGE DIRECTOR AT-LARGE	(18) RONALD A. MCMASTER	0.50												
DIRECTOR AT LARGE (22) ALAN K, SATTLER DIRECTOR AT LARGE (22) ALAN K, SATTLER DIRECTOR AT LARGE (23) ARTHUR H. SHITH 0.50 X 0.0.0.0.0.0. (23) DAVID L, MILKERBART 0.50 X 0.0.0.0.0.0. (23) JENNIFER L, FENNRICH DIRECTOR AT LARGE X 0.0.0.0.0.0. (23) JENNIFER L, FENNRICH EXECUTIVE DIRECTOR 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, "complete Schedule I for such individual" 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organization greater than \$150,000? If Yes," complete Schedule I for such individual rendered organization or individual for services rendered to the organization If Yes, "complete Schedule I for such individual or services rendered to the organization" If Yes, "complete Schedule I for such individual or services rendered to the organization" If Yes, "complete Schedule I for such individual or services rendered to the organization" If Yes, "complete Schedule I for such individual or services rendered to the organization" If Yes, "complete Schedule I for such individual or services rendered to the organization" If Yes, "complete Schedule I for such individual or services rendered to the organization I was serviced to the organization of the calendar year ending with or within the organization stax year. (A) None description of services Compensation Compensation from the organization or services Compensation Deport compensation from the organization or services Compensation or service	BOARD OF TRUSTEES DESIGNEE		X						0.		0.			0.
Table Compensation Compensatio		0.50	1											
DIRECTOR AT-LARGE A			X	<u> </u>		_	_		0.		0.	<u> </u>		0.
C21) ARTHUR H. SMITH O.50 X O. O. O. O.		0.50												•
DIRECTOR-AT-LARGE DIRECTOR AT-LARGE (22) DAVID L. WHIKEHART DIRECTOR AT-LARGE X 0.0.0.0. 0. (23) JENNIFER L. FEINRTCH 40.00 EXECUTIVE DIRECTOR DIRECTOR Total from continuation sheets to Part VII, Section A d Total (add lines th and tc) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is ray former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Total quay person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services and related organization? If "Yes," complete Schedule J for such individual for services and related organization? If "Yes," complete Schedule J for such individual for services and related organization? If "Yes," complete Schedule J for such individual for services and related organization from the organization from the calendar year ending with or within the organization or individual for services and the organization from the organization from the calendar year ending with or within the organization is tax year. (A) Name and business address NONE Description of services Compensation		0 50	X	-			_		0.		0.	<u> </u>		0.
DIRECTOR AT LARGE 0.50 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		0.50	٠,								_			0
DIRECTOR AT LARGE (23) JENNIFER L, FEHRICH (24) 0.0 (25) JENNIFER L, FEHRICH (26) 0.0 (27) O.0 (28) DIRECTOR (28) DIRECTOR (29) O.0 (20) O.0 (20) O.0 (30) O.0 (4) O.0 (5) O.0 (5) O.0 (6) O.0 (7) O.0 (7) O.0 (8) O.0 (8) O.0 (C) Compensation (A) Name and business address NONE (9) O.0 (0.0) O.0 (0.50	A	┢			\vdash		0.		0.			0.
The Sub-total		0.50	v						0		0			Λ
the Sub-total		40.00		\vdash			\vdash		0.		•			0.
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O		10.00	1		x				0.		0.			0.
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Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Tyes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) None None Description of services Compensation	1b Sub-total													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No														
compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation										000 of roportable				0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	· · · · · · · · · · · · · · · · · · ·	ot iiinitea to tii	1056	liste	ual	oove	e) vvi	10 16	eceived more than \$100,	000 of reportable	;			0
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	compensation from the organization												Yes	
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any former officer.	director, or tru	uste	e. ke	v en	olan	vee.	or	highest compensated er	nplovee on	-			
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	· ·	•		-	•	•	•			. ,		3		Х
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Compensation														
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation	and related organizations greater than \$150	0,000? If "Yes,	" cc	mpl	ete S	Sche	edule	e J i	for such individual			4		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation														
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services (C) Compensation		plete Schedul	e <i>J f</i>	or su	ıch į	oers	on					5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation	<u> </u>		_											
(A) Name and business address NONE Description of services Compensation											ensat	tion fro	om	
Name and business address NONE Description of services Compensation		the calendar y	ear e	endir	ng w	ith c	or wi	thir		ear.				
		address	M	זעכ	2					ervices	С			n
2 Total number of independent contractors (including but not limited to those listed above) who received more than			141	<u> </u>								<u> </u>		
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
	2 Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	ted	above) who received me	ore than				

Form **990** (2016)

\$100,000 of compensation from the organization

Form 990 (2016) OWENS C
Part VIII Statement of Revenue

		Check if Schedule O contains a	response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran uni		Membership dues	1 1					
Ē,G	С	Fundraising events						
ifts ar A		Related organizations						
s, G		Government grants (contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and						
the the		similar amounts not included above	. 1f	325,731.				
d d	g	Noncash contributions included in lines 1a-1f: \$		5,000.				
<u> မ မ</u>	h	Total. Add lines 1a-1f		>	325,731.			
				Business Code				
e S	2 a							
ē Ķ	b							
am Ser	С							
ran 3ev	d							
Program Service Revenue	е							
۵	f	All other program service revenue						
	<u>g</u>							
	3	Investment income (including divide			82,044.			82,044.
	4	other similar amounts) Income from investment of tax-exer			02,044.			02,044.
	5	Royalties						
	3		(i) Real	(ii) Personal				
	6 a		i) Heai	(ii) i cisoriai				
	h	Less: rental expenses						
	c	Rental income or (loss)						
		Net rental income or (loss)		•				
			Securities	(ii) Other				
			738.					
	b	Less: cost or other basis	-					
		and sales expenses 235	,230.					
	С	Gain or (loss)	,508.					
	d	Net gain or (loss)			10,508.	10,508.		
Ф	8 a	Gross income from fundraising ever	nts (not					
		including \$	_ of					
eve		contributions reported on line 1c). S	See					
Other Reven		Part IV, line 18	а					
Ĕ		Less: direct expenses						
		Net income or (loss) from fundraising	-					
	9 a	Gross income from gaming activitie						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming a						
	10 a	Gross sales of inventory, less return						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales of in	iventory					
ŀ	11 a	Miscellaneous Revenue		Business Code				
	ii a b							<u> </u>
	C							<u> </u>
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			418,283.	10,508.	0.	82,044.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		скраново	gorioral experiess	СХРОПОСС
•	and domestic governments. See Part IV, line 21	57,204.	57,204.		
2	Grants and other assistance to domestic	,	,		
	individuals. See Part IV, line 22	153,770.	153,770.		
3	Grants and other assistance to foreign	•	,		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	150.		150.	
С	Accounting	8,404.		8,404.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,194.		10,194.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	4 021		4 021	
13	Office expenses	4,931.		4,931.	
14	Information technology				
15	Royalties				
16	Occupancy	155.		155.	
17	Travel	155.		155.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,398.		3,398.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	CULTIVATION / PUBLIC RE	11,638.			11,638.
b	MAINTENANCE AGREEMENTS	5,500.		5,500.	
С	FOOD SERVICE	4,853.		4,853.	
d	DONOR EXPENSE	358.			358.
е	All other expenses	260.	0.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	260.	44 22 -
25	Total functional expenses. Add lines 1 through 24e	260,815.	210,974.	37,845.	11,996.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2016)

Form **990** (2016)

Form 990 (2016)

Part X | Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or no	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		281,298.	1	373,488
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		73,804.	3	45,797
	4	Accounts receivable, net		•	4	•
	5	Loans and other receivables from current and				
		trustees, key employees, and highest compens	<i>'</i>			
		Part II of Schedule L	-		5	
	6	Loans and other receivables from other disqua				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec				
			·		6	
ets	_	employees' beneficiary organizations (see instr	Г		7	
Assets	7	Notes and loans receivable, net				
`	8	Inventories for sale or use			8	
	9		L		9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
		Less: accumulated depreciation		2 162 041	10c	2 556 060
	11	Investments - publicly traded securities	3,162,841.	11	3,556,068	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must eq		3,517,943.	16	3,975,353
	17	Accounts payable and accrued expenses		28,616.	17	22,450
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
S	22	Loans and other payables to current and forme	er officers, directors, trustees,			
i <u>ti</u>		key employees, highest compensated employe	ees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
ا ت	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate	ed third parties		24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line	es 17-24). Complete Part X of			
		Schedule D		54,925.	25	66,233
	26	Total liabilities. Add lines 17 through 25		83,541.	26	88,683
		Organizations that follow SFAS 117 (ASC 95	8), check here 🕨 🗓 and			
s		complete lines 27 through 29, and lines 33 a				
ا ا	27	Unrestricted net assets		231,979.	27	371,370
ala I	28	Temporarily restricted net assets		1,188,797.	28	1,426,374
Ã	29			2,013,626.	29	2,088,926
Ĕ		Organizations that do not follow SFAS 117 (
느		and complete lines 30 through 34.	,			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current fund	s		30	
sse	31	Paid-in or capital surplus, or land, building, or e			31	
۲	32	Retained earnings, endowment, accumulated i			32	
Se	33	Total net assets or fund balances		3,434,402.	33	3,886,670
	34	Total liabilities and net assets/fund balances		3,517,943.	34	3,975,353.

Form **990** (2016)

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,28			
2	Total expenses (must equal Part IX, column (A), line 25)	2	26	0,82	<u> 15.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	157,468.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,434,402.				
5	Net unrealized gains (losses) on investments	5	29	4,80	00.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	3,88	6,6'	70.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

632012 11-11-16

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public

Name of the organization

Employ

m990. Inspection
Employer identification number

_				Y COLLEGE FO				*-**5/85
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.	
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chi	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative					i).	
4	一	A medical research organization					•	the hospital's name.
		city, and state:		,				,
5	X	An organization operated for	or the benefit of a col	lege or university owner	or operat	ed by a go	vernmental unit describe	-d in
J				loge of university ewiled	or operat	ca by a go	vorminental and accords	5 4 III
_		section 170(b)(1)(A)(iv). (C		and the second s	4-	70(1-)(4)(4)	(.)	
6		A federal, state, or local gov	-					1.0 1 2 12
7		An organization that norma	•	ntial part of its support f	rom a gove	ernmental	unit or from the general i	public described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membership fees, ar	nd gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported or	•	•	•		•	
		lines 12a through 12d that						
а		Type I. A supporting orga					, ,	aivina
_		the supported organization		•		-		
		organization. You must o			i majority c	in the direc	1010 01 11001000 01 1110 01	аррогинд
b		Type II. A supporting org			tion with it	e cupporto	d organization(s), by bay	ina
D			•					-
		control or management o			ame perso	iis iiiai coi	ittoi or manage the supp	Jortea
		organization(s). You mus	•				and formation all a test annual a	
С		Type III functionally inte					• •	ed With,
		its supported organization		·				
d								* *
		that is not functionally int	-		•		= '	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or						
f	Ente	er the number of supported o	organizations					
g		vide the following information			I (iv) le the era	anization listed		T
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
rot:								

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	724,542.	490,956.	317,337.	491,792.	325,731.	2350358.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	724,542.	490,956.	317,337.	491,792.	325,731.	2350358.
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)						65,386.
	Public support. Subtract line 5 from line 4.						2284972.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	724,542.	490,956.	317,337.	491,792.	325,731.	2350358.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	64,574.	59,832.	78,015.	85,502.	82,044.	369,967.
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 VI.)						
11	Total support. Add lines 7 through 10						2720325.
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	
13	First five years. If the Form 990 is for						
0-	organization, check this box and stop	here					
Sec	ction C. Computation of Publi						0.4.00
14						14	84.00 %
15	Public support percentage from 2015					15	86.66 %
16a	33 1/3% support test - 2016. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c						
4-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	•					ŕ
	and if the organization meets the "fac				•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		•		•		
40	organization meets the "facts-and-circ			•	,		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 160, 1/a, or 17b	, cneck this box ai	na see instructions	······· • L

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	A. Public Support	, -					
Calendar ye	ear (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_	grants, contributions, and						
memb	pership fees received. (Do not						
includ	de any "unusual grants.")						
	receipts from admissions,						
	nandise sold or services per- ed, or facilities furnished in						
	ctivity that is related to the						
organ	ization's tax-exempt purpose						1
	receipts from activities that						
	ot an unrelated trade or bus-						
	under section 513						
	evenues levied for the organ-						
	n's benefit and either paid to						
	pended on its behalf						+
	alue of services or facilities						
	hed by a governmental unit to rganization without charge						
	Add lines 1 through 5					 	-
	Ints included on lines 1, 2, and						
3 rece	eived from disqualified persons						
	ts included on lines 2 and 3 received her than disqualified persons that						
exceed	the greater of \$5,000 or 1% of the						
	on line 13 for the year						+
	ines 7a and 7b						+
	c support. (Subtract line 7c from line 6.) B. Total Support						
		(a) 2010	(b) 0010	(a) 2014	(4) 2015	(a) 2016	(f) Total
-	ear (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	s income from interest,						
divide	ends, payments received on ities loans, rents, royalties						
	ncome from similar sources Ited business taxable income						+
	section 511 taxes) from businesses						
,	ed after June 30, 1975						
	ines 10a and 10b						+
	ncome from unrelated business						
activit	ties not included in line 10b,						
	ner or not the business is array carried on						
12 Other or los	income. Do not include gain s from the sale of capital						
	s (Explain in Part VI.)						
	five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth, or fifth t	ax vear as a section	n 501(c)(3) organi	ization.
	this box and stop here	-			•		
	C. Computation of Publi						
15 Public	c support percentage for 2016 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	%
16 Public	c support percentage from 2015	Schedule A, Part	III, line 15			16	%
	D. Computation of Inves						
17 Inves	tment income percentage for 20	16 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	tment income percentage from 2					18	%
19a 33 1/3	3% support tests - 2016. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more	than 33 1/3%, check this box an	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	>
	3% support tests - 2015. If the	•			•		
line 1	8 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organizatio	n ▶∐
20 Drive	te foundation If the organization	n did not check a	hay on line 1/ 10	a or 10h check th	nie hay and sea inc	etructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
Fo		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of			,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti		Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organi	zations, in excess of income from activity			
3	Admir	istrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8	Distrib	utions to attentive supported organizations to which th	e organization is responsive		
		de details in Part VI). See instructions			
9	Distrib	outable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount		Г	
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distrib	outable amount for 2016 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2016 (reason-			
	able c	ause required- explain in Part VI). See instructions			
3	Exces	s distributions carryover, if any, to 2016:			
а					
b					
С	From 2	2013			
	From 2				
	From				
		of lines 3a through e			
		d to underdistributions of prior years			
		d to 2016 distributable amount			
<u>i</u>		over from 2011 not applied (see instructions)			
		nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	line 7:	utions for 2016 from Section D, \$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2016 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4			
5	Remai	ning underdistributions for years prior to 2016, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions			
6		ning underdistributions for 2016. Subtract lines 3h			
	and 4	o from line 1. For result greater than zero, explain in			
		I. See instructions			
7	Exces	s distributions carryover to 2017. Add lines 3j			
	and 4				
8	Break	down of line 7:			
a					
		s from 2013			
		s from 2014			
d	Exces	s from 2015			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ALLAN J. LIBBE	111,700.	57,293
AUTO DEALERS FOR KIDS	62,500.	8,093
Fotal Excess Contributions to Schedule A, Part II, Line 5		65,386

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

OWENS COMMUNITY COLLEGE FOUNDATION

-*5785

Organization type (check one):						
Filers of:		Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from a during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

OWENS COMMUNITY COLLEGE FOUNDATION

-*5785

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 12,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	\$ 12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$19,572.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,167.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

-*5785 OWENS COMMUNITY COLLEGE FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if addit	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 10	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

OWENS COMMUNITY COLLEGE FOUNDATION

-*5785

Part II	Noncash Property (See instructions). Use duplicate copies of Pa	art II if additional space is needed	3703
(a)	(See managing). See daplicate sepies of the		<u> </u>
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
an c i			
—			

Name of organization Employer identification number **-***5785 OWENS COMMUNITY COLLEGE FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

OWENS COMMUNITY COLLEGE FOUNDATION

Employer identification number **-***5785

Schedule D (Form 990) 2016

Pai	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
			Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, l	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	ire
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located -	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
Da	conservation easements.	Art Historical Traccures or Ot	har Cimilar Assats
Pai	rt III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS	**	,
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	· · · · ·	
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		.
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		I gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or Othe	r Sim	ilar Assets	(contin	ued)	
3	Using the organization's acquisition, accession						_		
	(check all that apply):	,	,	3	5				
а	Public exhibition	d	Loan or ex	change programs					
b	Scholarly research	e		g- pg					
С	Preservation for future generations	_							
4	Provide a description of the organization's co	llections and explain	how they further t	he organization's exe	mpt pi	rnose in Part	XIII		
5	During the year, did the organization solicit or	•	•	•		•	/ lii.		
Ū	to be sold to raise funds rather than to be ma						Yes	☐ No	
Pai	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		o.ga _ a						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other assets not	includ	ed			
	on Form 990, Part X?						Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:						
	· · ·	·	-		Г		Amount	 :	
С	Beginning balance				Г	1c			
	Additions during the year					ld			
	Distributions during the year					le			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo						Yes	No No	
	If "Yes," explain the arrangement in Part XIII.				-				
Pai	t V Endowment Funds. Complete it	f the organization an	swered "Yes" on F	orm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back		ree years back	(e) Four	years back	
1a	Beginning of year balance	2,640,561.	2,645,455	2,550,093.		2,168,368.	1,	843,776.	
	Contributions	77,258.	192,476	109,050.		78,722.		167,356.	
С	Net investment earnings, gains, and losses	303,480.	-82,657	82,211.		372,533.		220,742.	
d	Grants or scholarships	80,562.	76,465	67,907.		44,957.	44,957. 43,83		
	Other expenditures for facilities								
	and programs	24,504.	28,750	20,290.		17,083.		13,366.	
f	Administrative expenses	9,685.	9,498	7,702.		7,490.		6,303.	
g	End of year balance	2,906,548.	2,640,561	2,645,455.		2,550,093.	2,	168,368.	
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	.79	_%						
b	Permanent endowment ►71.87	%							
С	Temporarily restricted endowment ▶ 2	7.34 %							
	The percentages on lines 2a, 2b, and 2c should								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered for t	he orga	anization	_		
	by:							Yes No	
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Part X	, line 1)			
	Description of property	(a) Cost or o	, ,		Accumi eprecia		(d) Bool	k value	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment	I							
	Other								
Tota	l. Add lines 1a through 1e. <i>(Column (d) must e</i> e	gual Form 990. Part	X. column (B). line	10c.)				0.	
		•							

Schedule D (Form 990) 2016

D 1 1/11		A:I A	
Part VIII	Investments -	Other Sec	curities.

Part VIII Investments - Other Securities.	on Form OOO Dort IV	line 11h Con Form 000 I	Dort V. line 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
	(b) Book value	(b) Wellied of V	aradion. Cost of Cir	a or your market value
(1) Financial derivatives (2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV (b) Book value			d-of-year market value
(1)	(b) Book value	(C) Welliod of Vi	aldation. Oost of en	d-or-year market value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV	line 11d. See Form 990, I	Part X, line 15.	
	Description	,	,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities.	15.)		>	
Complete if the organization answered "Yes" of	on Form 990. Part IV	. line 11e or 11f. See Form	990, Part X. line 25	i.
1. (a) Description of liability		(b) Book value	, , , , , , , , , , , , , , , , , , , ,	
(1) Federal income taxes				
(2) FUNDS IN CUSTODY		66,233.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	66,233.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 UNENS COMMUNITY COLLEGE	FOUNDATIL	N	~ ~ - ~ .	` ^ O / O O Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat		Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, lin			1	702,889.
				102,009.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	294,800.		
a Net unrealized gains (losses) on investments		254,000.	-	
b Donated services and use of facilities			-	
c Recoveries of prior year grants			-	
d Other (Describe in Part XIII.) e Add lines 2a through 2d			20	294,800.
			2e 3	408,089.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 			3	400,000.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,194.		
b Other (Describe in Part XIII.)		10,154.	-	
			4c	10,194.
			5	418,283.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return.	410,203
Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1 Total expenses and losses per audited financial statements			1	250,621.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	250,621.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,194.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	10,194.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	260,815.
Part XIII Supplemental Information.	· 			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b	and 2b; Part V, line 4	l; Part X, I	ine 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional inform	nation.		
PART V, LINE 4:				
TO PROVIDE SCHOLARSHIPS FOR STUDENTS OF OW	VENS COMMU	NITY COLLE	GE, A	AND TO
PROVIDE PROGRAM ASSISTANCE TO THE COLLEGE'	S DEPARTM	ENTS.		
PART X, LINE 2:				
MILE THEORY DEVENUE CERTICO IN A LEGER		MEMBER 20	1005	7 7 110
THE INTERNAL REVENUE SERVICE, IN A LETTER	DATED SEP	TEMBER 29,	199	AND
AGAIN ON SEPTEMBER 22, 2004, DETERMINED TH	א אויי ייבו	M MOTTAGINII	AS ES	тмрт
AGAIN ON SEFTEMBER 22, 2004, DETERMINED II	IAI IIIE FC	ONDATION W	IAO EZ	CEME I
FROM FEDERAL INCOME TAXES UNDER THE PROVIS	SIONS OF S	SECTION 501	(C)(3	B) OF THE
			() ()	, , , , , , , , , , , , , , , , , , , ,
INTERNAL REVENUE CODE. ACCOUNTING PRINCIPI	LES GENERA	LLY ACCEPT	ED IN	THE
UNITED STATES OF AMERICA REQUIRE MANAGEMEN	NT TO EVAL	UATE TAX P	OSITI	ONS
TAKEN BY THE FOUNDATION AND RECOGNIZE A TA	X LIABILI	TY IF THE	FOUNI	ATION

HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

å Schedule I (Form 990) (2016) **-**5785 (h) Purpose of grant PROGRAM AND CAPITAL or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SUPPORT 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance VEHICLES (f) Method of valuation (book, FMV, appraisal, other) 5,000, FMV (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 52,204. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table OWENS COMMUNITY COLLEGE FOUNDATION (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ••*:*--*|\$EOTEGN 115 Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization OWENS STATE COMMUNITY COLLEGE or government TOLEDO, OH 43699-1947 PO BOX 10000 Part I Part II Q

-5785

Schedule I (Form 990) (2016) OWENS COMMUNITY COLLEGE FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance scholarships	(b) Number of recipients	(cash grant cash grant 153, 770.	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the information required in		e 2: Part III, column	Part I. line 2: Part III. column (b): and any other additional information	ditional information.	
PART I, LINE 2: THE OWENS COMMUNITY COLLEGE FOUNDATION		CITS APPLI	CATIONS FRO	SOLICITS APPLICATIONS FROM STUDENTS	
AL AID OFF		ANT INFORM	1 1	l I	
FINANCIAL NEED, FOR EACH APPLICANT. STAFF MEMBERS OF OWENS COMMUNITY CO.	T. A SCHOL	ARSHIP APPOIN	TEE C THE	CONSISTING OF FOUNDATION'S	
EXECUTIVE DIRECTOR TO REVIEW THE AP	APPLICATIONS	AND	SELECT THE AW	AWARD	
RECIPIENTS BASED ON THE CRITERIA THAT	AT IS SET	T FORTH FOR	R THE VARIOUS	SUC	
SCHOLARSHIP FUNDS. THESE CRITERIA INCLUDE		SUCH THINGS	AS	FINANCIAL NEED,	
GRADE POINT AVERAGE, AND AREA OF ST	STUDY.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number **-***5785

	OWENS COMMUN	ITY CO	LLEGE FOU	NDATION		**-***5	785	
Par	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor	(d) Method of determinates of the contribution and contri	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	1	5,000.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \dots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other ()							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organization							
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	•		· · · · · · · · · · · · · · · · · · ·		at it		
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribu	tions?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							
ΙЦΔ	For Panerwork Reduction Act Notice see	the Inchurch	liana far Farm 000	`		Schodule M (Form		0046

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SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OWENS COMMUNITY COLLEGE FOUNDATION

Employer identification number **-**5785

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ADVANCE THE COLLEGE'S MISSION OF SERVING OUR STUDENTS AND OUR
COMMUNITY. THE OWENS COMMUNITY COLLEGE FOUNDATION RAISES FUNDS FOR
STUDENT SCHOLARSHIPS AND TUITION ASSISTANCE AS WELL AS OWENS COMMUNITY
COLLEGE ACADEMIC AND STUDENT SERVICE PROGRAMS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD MEMBERS COMPLETE AND SIGN AN ANNUAL CONFLICT OF INTEREST
QUESTIONNAIRE DISCLOSING POTENTIAL CONFLICTS. CONFLICTS OF INTEREST ARE
MONITORED AND ENFORCED THROUGH THE OWENS COMMUNITY COLLEGE FOUNDATION
COMMITTEE ON GOVERNANCE. THE FOUNDATION HAS A POLICY ON CONFLICTS OF
INTEREST. EACH YEAR BOARD MEMBERS ARE REQUIRED TO COMPLETE A DIRECTOR
QUESTIONNAIRE DISCLOSING ANY POTENTIAL CONFLICTS. SHOULD A CONFLICT ARISE,
THE BOARD MEMBER HAVING THE CONFLICT OF INTEREST WILL BE REQUIRED TO
REFRAIN FROM PARTICIPAING IN THE DISCUSSION, CONSIDERATION OF, AND VOTING
ON ANY MATTER RELATED TO THE APPLICABLE CONFLICT.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS AND FINANCIAL

STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.