			** PUBLIC DISCLOSURE COPY	* *	_
	0	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2020
			Do not enter social security numbers on this form as it m	nay be made public.	Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	atest information.	Inspection
<u>A</u> F	or th	e 2020 calenda	ar year, or tax year beginning $ { m JUL}1$ , $2020$ and ending	<u>g JUN 30, 2021</u>	
	heck if	C Name of	organization	D Employer identificat	ion number
	Addre				
	_chang Name		S COMMUNITY COLLEGE FOUNDATION	20-1625785	
	]chang Initial	U	usiness as		)
	_return ]Final	D D O	and street (or P.O. box if mail is not delivered to street address) Room/ BOX 10000	suite E Telephone number 567-661-75	32
	⊥return termii ated	0	bown, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,322,284.
	Amen return		DO, OH $43699-1947$	H(a) Is this a group retur	· · · · · · · · · · · · · · · · · · ·
	Applie		nd address of principal officer: MELISSA STARACE	for subordinates?	
	pendi		AS C ABOVE	<b>H(b)</b> Are all subordinates includ	
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or	527 If "No," attach a list	
			S://WWW.OWENS.EDU/FOUNDATION/	H(c) Group exemption n	iumber 🕨
		f organization:	X Corporation Trust Association Other ► L	Year of formation: 2003 M S	tate of legal domicile: OH
Pa	rt I	Summary			
e	1		e the organization's mission or most significant activities: THE MISS		
Governance	-		TY COLLEGE FOUNDATION IS TO DEVELOP A		
ern			x      if the organization discontinued its operations or disposed of i	1.1	
Š	3				<u>23</u> 21
	4		ependent voting members of the governing body (Part VI, line 1b)		210
ties	5		of individuals employed in calendar year 2020 (Part V, line 2a)		23
Activities &			of volunteers (estimate if necessary)		0.
Ac			business taxable income from Form 990-T, Part I, line 11		0.
		Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1,684,242.	1,156,270.
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	83,322.	329,084.
č			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-17,720.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,467,634.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	713,778.	1,149,180.
	14		o or for members (Part IX, column (A), line 4)	0.	0.
Se	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fu	andraising fees (Part IX, column (A), lines 5-10)	0.	0.
ă.				70 700	
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	72,789.	<u>69,005.</u> 1,218,185.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	980,997.	249,449.
- si	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	
t Assets or d Balances	20	Total assets (F	Part X, line 16)	6,254,653.	<u>End of Year</u> 7,833,457.
Asse	21		(Part X, line 26)	0.	3,674.
Net,	22		fund balances. Subtract line 21 from line 20	6,254,653.	7,829,783.
	rt II	Signature		· · · ·	*
Unde	er pena	alties of perjury, I	declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my kn	owledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	

Sign	Signature of officer	Date					
Here	MELISSA STARACE, INTERIM EXECUTIVE DIRECT	TOR					
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date Check PTIN					
Paid	JESSE YOUNG, CPA JESSE YOUNG, CPA	05/13/22 self-employed P01236247					
Preparer	Firm's name 🕒 CLARK, SCHAEFER, HACKETT & CO.	Firm's EIN ▶ 31-0800053					
Use Only	Firm's address 🕨 14 EAST MAIN STREET, SUITE 500						
	SPRINGFIELD, OH 45502	Phone no. 937 – 399 – 2000					
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No					
032001 12-2	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) OWENS COMMUNITY COLLEGE FOUNDATION 20-1625785 Page 2 t III Statement of Program Service Accomplishments
Par	
_	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.
	STODENTE AND CON COMMONTIT: WE INVEST IN TOOR SOCCEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	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. (Code:) (Expenses \$ 329,563. including grants of \$ 329,563.) (Revenue \$)
4a	(Code:) (Expenses \$329,563. including grants of \$329,563.) (Revenue \$ THE FOUNDATION AWARDED 271 SCHOLARSHIPS TO 222 STUDENTS TO COVER
	TUITION, FEES, AND OTHER EDUCATIONAL EXPENSES TO ATTEND OWENS COMMUNITY
	COLLEGE.
4b	(Code:) (Expenses \$819,617. including grants of \$819,617. ) (Revenue \$)
	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 on Schedule O.)
τu	
40	(Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses ► 1,149,180.
4e	Total program service expenses ► 1,149,180. Form 990 (2020
032002	12-23-20
	2

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FOUL	990	(2020)

<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>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 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>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 foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6, Part I</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IX</li> <li>18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a X</li> <li>20b</li> <li>20b</li> <li>20b</li> </ul>				Yes	No
2         b the organization engage in detact o 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. Do the organization engage in lobbying activities, or have a section 501(h) election in elected in direct or indirect political campaign activities, or have a section 501(h) election in elected in any direct political campaign activities, or have a section 501(h) election in elected in the organization aspects that receives membership dues, assessments, or is indirect political campaign activities, or have a section 501(h) election in elected in the organization aspect in the direct political campaign activities, or have a section 501(h) election in elected in the organization requires that necesives membership dues, assessments, or is indirect political campaign activities and the organization requires the environment, histoic lind ranze, or histois attranse, or histois chard asp. Or h	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3         Did the organization engage in direct or indirect policial campaign activities on bakel of ar in opposition to candidates for public office? if "Yes," complete Schedule C, Part I         3         X           4         Section 501(b) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect of the section 101(b) election in effect of the organization matrix and work of election 101(b) election in effect of the section 101(b) election		, ,			
public office? If 'Yes,' complete Schedule C, Part I         3         X           4         Sectors Of(K) organization. Did the organization engage in hobbying activities, on have a sectors SD1(h) election in effect during the tax yea? If 'Yes,' complete Schedule C, Part II         4         X           5         Is the organization a section SD1(K)(A), SD1(K)(S), or SD1(K) engaging activities, on have a sectors SD1(h) election in effect of the organization methan any done advised tunds or any similar thack or accounts If ves, 'complete Schedule D, Part II         5         X           6         Did the organization methan any done advised tunds or any similar thack or accounts If ves, 'complete Schedule D, Part II         6         X           7         Did the organization methan any done advised tunds or any similar tunds or accounts II ves, 'complete Schedule D, Part II         7         X           8         Did the organization methan any on the ATX, time 21, for escrew or custodial account liability, serve as a custodian for amounts not lead next X, is provide cradit counselly, debt management, credit repair, or debt next X, is repaire Schedule D, Part V         8           9         Did the organization report an amount for investments - other securities in donor-restricted endowments         9         X           10         Did the organization report an amount for investments - other securities in Part X, line 12, this 15% or more of is total assets reported in Part X, line 16? if 'Yes, 'complete Schedule D, Part V         10         X           11         If the organiz	2		2	X	
4         Section 501(k)3) organizations. Did the organization anguge in lobbying activities, or have a section 501(k) election in effect         4         X           5         Is the organization a section 501(k)(k), 501(k)(k), or 501(k),	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? (I' Yes, 'complete Schedule C, Part II     4     X       5     is the organization a section Sol (Sig) Sol (S			3		<u> </u>
5         Is the organization ascience 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 90197 if Yes," complete Schedule C, Part II         5         X           Did the organization maintain any doorn advised funds or any similar tools or accounts? // Yes," complete Schedule D, Part II         6         X           Did the organization maintain any doorn advised in easement, including easements too preserve open space, the environment, historic atroutures // urives," complete Schedule D, Part II         7         X           Did the organization maintain collections of works of at, historical treasures, or other similar assets? // trives," complete Schedule D, Part II         7         X           Did the organization maintain collections of works of at, historical treasures, or other similar assets? // trives," complete Schedule D, Part II         8         X           Did the organization, directly or through a related organization, hold assets in donor-estricted endowments or in quaai endowments? // trives," complete Schedule D, Part V         10         X           Did the organization services?         # vis, "then complete Schedule D, Part V         11         X           Did the organization maintain assets in donor-estricted endowments or in quaai endowments? // trives," complete Schedule D, Part VI         10         X           Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in ParX, line 167 // trives, "complete Schedule D, Part V	4				37
emining amounts as defined in Revenue Procedure 99-199 // Yes," complete Schedule C, Pert II         5         X           6 Did the organization maintain any doore advised funds or any similar brands or accounts? If 'Yes," complete Schedule D, Part II         6         X           7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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 Schedule D, Part II         8         X           9 Did the organization maintain acollections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II         8         X           9 Did the organization, directly or through a nelated organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes," complete Schedule D, Part V         10         X           10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V         11a         X           10 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes," complete Schedule D, Part V         11a         X           11a         X         11b         X         11a         X           11b         X         11b         X         11a         X           11b         X         11	_		4		<u> </u>
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yos,' complete Schedule D, Part II       I         7       Did the organization readew or hold a conservation assement, funds or accounts? If 'Yos,' complete Schedule D, Part II       I         8       Did the organization maintain any donor advised funds or any similar funds or accounts? If 'Yos,' complete Schedule D, Part II       I         9       Did the organization maintain any donor advised funds or any similar funds or accounts? If 'Yos,' complete Schedule D, Part II       I         9       Did the organization maintain any donor advised funds or any similar funds or accounts? If 'Yos,' complete Schedule D, Part IV       I         9       Did the organization maintain any donor advised funds       I       X         9       Did the organization maintain any other following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, K, or X as applicable.       IIIa       X         9       Did the organization report an amount for investments - or ingrain elated organization is 'Yes,' then complete Schedule D, Part X.       IIIa       X         10       Did the organization report an amount for investments - or ingrain elated in Part X, line 10? If 'Yes,' complete Schedule D, Part X.       IIIa       X         11       Did the organization report an amount for investments - porgrain elated in Part X, line 13? If 'Yes,'	5		_		37
provide advice on the distribution or investment of amounts in such funds or account? 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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization report an amount in Part X, line 21, for eacrow or custodial account lability, serve as a custodian for amounts not lased in Part X, or provide credit counseling, debt management, credit repar, or debt negotiation services?         8         X           9         Did the organization report an amount in Part X, line 21, for eacrow or custodial account lability, serve as a custodian for amounts not lased in Part X, ves, "complete Schedule D, Part IV         10         X           9         Did the organization directly or through a related organization, hold assets in donorrestricted endowments or in quasi admontmest Pix*, complete Schedule D, Part V         10         X           11         If the organization report an amount for investments - organized in Part X, line 10? If "Yes," complete Schedule D, Part VI         10         X           11         If the organization report an amount for investments - organ related in Part X, line 10? If "Yes," complete Schedule D, Part X         11         X           11         X         11         X         11         X           12         Did the organization report an amount for investm			5		
7       Did the organization receive or hold a conservation easement, including easements to preserva open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization maints collections of voros of art, historical treasures, or orbited schedule D, Part III.       8       X         9       Did the organization nonunt in Part X, line 21, for escrew 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?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         11       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         11       Did the organization report an amount for investments - brogram related in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         11       Did the organization report an amount for investments - brogram related in Part X, line 10? If "Yes," complete Schedule D, Part X       11       X         11       Did the organization report an amount for investments - brogram related in Part X, line 11? I	6				v
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 Schedule D, Part II       7       X         9       Did the organization report an amount in Part X, line 21, for escrew 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?       9       X         10       Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in guasi endowments?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part W       10       X         11       The organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11a       X         12       Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII       11a       X         13       Did the organization report an amount for investments for the tax year include a footnote that addresses the organization report an amount for other lassitient Part X, line 17, If Yes," complete Schedule D, Part X       11a       X     <	-		6		
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? # 'Yes, ' complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew 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?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       9       X         10       If the organization's answer to any of the following quasitons is 'Yes,' then complete Schedule D, Part V       10       X         11       If the organization report an amount for lind, buildings, and equipment in Part X, line 12? If 'Yes,' complete Schedule D, Part VI       11a       X         11       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 XI       11a       X         11       Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part XI       11d       X         12       Did the organization subart RM 48 (SC 740?) If 'Yes,' complete Schedule D, Part X       11d       X         13       Schedule D, Part X       11d       X       11d       X	1		-		v
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, fore scrow 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?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         10       Did the organization answer to any of the following quasitons is 'Yes,' then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	•				
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 redit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor restricted endowments       9       X         11       If the organization, directly or through a related organization, hold assets in donor restricted endowments       10       X         11       If the organization, directly or through a related organization, hold assets in donor restricted endowments       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part V       11a       X         12       Did the organization report an amount for investments - orber securities in Part X, line 13, that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11a       X         13       Did the organization report an amount for other assets in Part X, line 27? If "Yes," complete Schedule D, Part X       11d       X         14       Did the organization include in 16? If "Yes," complete Schedule D, Part X       11d       X         14       Did the organization include in 16? If "Yes," complete Schedule D, Part X       11d       X         15       Did the organization include in 16? If "Yes," compl	8				v
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       y       X         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       y       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       y       X         as applicable.       10       X       10       X         a Did the organization report an amount for investments - other securities in Part X, line 10?       y "xes," complete Schedule D, Part V       11         b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16?       11       X         c Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16?       11       X         d Did the organization report an amount for investments - program related in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16?       11       X         d Did the organization oreport an amount for investments or the xay sear include a cohorabe that addresses the organization included in fancial statements for the tax year include a cohorabe that addresses the organization include and for uncessidated financial statements for the tax year?       11       X         12a Did the organization assed or 10 to line 12a. Hen completing Schedule D, Part X </td <td>0</td> <td>,</td> <td><b>–</b></td> <td></td> <td></td>	0	,	<b>–</b>		
f "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VI       11b       X         13       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? // "Yes," complete Schedule D, Part VI       11c       X         14       Did the organization report an amount for other assets in Part X, line 25? // "Yes," complete Schedule D, Part X       11c       X         15       Did the organization separate or consolidated financial statements for the tax year include a footnot that addresses       111       X         16       Did the organization included in consolidated, independent audited financial statements for the tax year?       111       X         120       Did the organization answerd 'No' to line 12x, then completing Schedule D, Part X       111	9				
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,'' complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII			<u>م</u>		x
or in quasi endowments? If "Yes," complete Schedule D, Part V     10     X       11     If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X     as applicable.       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     11a     X       b) Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI     11b     X       c) 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 VII     11d     X       d) Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X     11e     X       e) Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X     11e     X       e) Did the organization is apparate, independent audited financial statements for the tax year?     11f     X       12a     Did the organization obtain separate, independent audited financial statements for the tax year?     11b     X       13     Is the organization as chool described in section T70(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X     12a     X       14a     Did the organization and mice, enpropyses, organes outside of the United States?     12a <td>10</td> <td></td> <td>9</td> <td></td> <td></td>	10		9		
11       If the organization's answer to any other following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VIII, VX, or X as applicable.       11       11       X         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 'If 'Yes,' complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12? If and 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       11a       X         c 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 VIII       11d       X         c Did the organization report an amount for other labilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11d       X         e Did the organization report an amount for other labilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11t       X         12b Did the organization's separate or consolidated financial statements for the tax year include a foothorte that addresses the organization asparate or ossolidated financial statements for the tax year?       11f       X         12b Oit the organization asparate in independent audited financial statements for the tax year?       11f       X         12a Did the organization asparate in consolidated, independent audited financial statements for the tax year?	10		10	x	
as applicable.       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI       11a       X         b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII       11a       X         c) Did the organization report an amount for investments - ordprare related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII       11c       X         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? // "Yes," complete Schedule D, Part X       11d       X         e) Did the organization report an amount for other assets in Part X, line 25? // "Yes," complete Schedule D, Part X       11e       X         f) Did the organization is separate, independent audited financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11d       X         13       Sthe organization aschool described in Section 170(b)(1)/(N)(ii)? (**es," complete Schedule D, Part X and XII       2b       X         14a       Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of grants or	11				
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // *Yes, * complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // *Yes,* complete Schedule D, Part VI       11b       X         c 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? // *Yes,* complete Schedule D, Part VII       11c       X         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? // *Yes,* complete Schedule D, Part X       11c       X         d Did the organization report an amount for other lassifities in Part X, line 25? // *Yes,* complete Schedule D, Part X       11d       X         f Did the organization separate, independent audited financial statements for the tax year?       11t       X         11a       X       11e       X         11b       X       11e       X         11c       X       11d       X         11d       X <td>••</td> <td></td> <td></td> <td></td> <td></td>	••				
Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c 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 VII       11c       X         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 XI       11c       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization's separate or consolidated financial statements for the tax year include a tootnote that addresses the organization nocluded in consolidated, independent audited financial statements for the tax year?       11ft X       11e       X         12a       M as the organization nocluded in consolidated, independent audited financial statements for the tax year?       11ft X       12a       X         13 Is the organization aschool described in section 170(b)(1)(A)(III)?       11de       X       12a       X         14 Did the organization nation an office, employees, or agents outside of the United States?       14a       X         15 Did the organization report on Part IX, column (A), line 3	а				
b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       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 VII       11c       X         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 X       11c       X         e       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 is parate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional       11t       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is optional       12a       X         14a       Did the organization aswerd "No" to line 12a, then completing Schedule D, Part X and XII is optional       13a       X         14b       Did the organization maxie angregate revenues or expeness of more than \$10,0	u		11a		х
assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII       11b       X         c 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? /f "Yes," complete Schedule D, Part VII       11c       X         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? /f "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         110       X       11e       X       11e       X         111       X       11e       X       11e       X         112       Did the organization's separate or consolidated financial statements for the tax year?       11f "Yes," complete Schedule D, Part X       11e       X         112       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f "Yes," complete Schedule D, Part X       11e       X         112       X       13       X       14a       X       14a       X         113       Is the organization aschool described in section 170(b/1)(A/(i)?)       /f "Yes," complete Schedule E       13a       X         114       Did the organization report on Part IX,	b				
c       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? // 'Yes, "complete Schedule D, Part VIII       11c       X         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? // 'Yes, "complete Schedule D, Part VIII       11c       X         e       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? // 'Yes, "complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other liabilities in Part X, line 25? // 'Yes," complete Schedule D, Part X       11t       X         f       Did the organization othin separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         12a       Did the organization aschool described in section 170(b)(1)(A)(ii)? // *Yes," complete Schedule D, Part X and XII is optional       12b       X         13       Is the organization as achool described in section 170(b)(1)(A)(ii)? // *Yes," complete Schedule C for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? // *Yes," complete Schedule F, Parts I and IV       14a       X         15       X       11d       X	~		11b		х
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         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 X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did 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, Part X and XII is optional       12b       X         b Was the organization as chool described in section 170(b)(1)(A)(W)?       If "Yes," complete Schedule E       13       X         14a       Did the organization as chool described in section 170(b)(1)(A)(W)?       If "Yes," complete Schedule 4 \$100,000       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       16       X         17       Did the	с				
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       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year? 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, Part X       11e       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 aschool described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E       13a       X         14a Did the organization answered "No" to line 3, 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 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 garpts or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts I and IV			11c		х
Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e 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 obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII       12a       X         b Was the organization a school described in section 170(b)(1/(A)(i)? If "Yes," complete Schedule E       13       X         14a       Did the organization nawe aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report an east 10,000 for sepanses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organi	d				
<ul> <li>e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?</li> <li>12a Did the organization included in consolidated, independent audited financial statements for the tax year?</li> <li>If "Yes," and if the organization a school described in section 170(b)(11)(A)(ii)? If "Yes," complete Schedule D, Part X and XII</li> <li>b Was the organization a school described in section 170(b)(11)(A)(ii)? If "Yes," complete Schedule E</li> <li>13 X</li> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>b Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>14b X</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>16 Did the organization report more than \$15,000 total of fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II</li> <li>17 Did the organization report more than \$15,000 total of fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II</li> <li>18 X</li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines \$1, X</li> <li>18 X</li> <li>19 Did the organization r</li></ul>			11d		х
f       Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         1/* Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         1/4       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 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         1/5       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II       16       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part IX, column (A), line 3, m	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
12a       Did the organization obtain separate, independent audited financial statements for the tax year? // f' 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? // f' Yes, " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? // ff "Yes," complete Schedule E       13a       X         14a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization naintain an office, employees, or agents outside of the United States?       14a       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 foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? /f "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report at total of more than \$1,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV       16       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 5,000 of					
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)?       If "Yes," omplete 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 report on Part IX, column (A), line 3, 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 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 garants or other assistance to or for any foreign organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6 and 11e? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 for profess income and contributions on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18       X         <		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       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 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 garnts or other assistance to or for foreign individuals? 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organi	12a				
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 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 aggregate grants or other assistance to or for foreign individuals? 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1       18<		Schedule D, Parts XI and XII	12a	Х	
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 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 foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1e and 8a? If "Yes," complete Schedule G, Part II       17       X         19       Did the o	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>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 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>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 foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6, Part I</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IX</li> <li>18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a X</li> <li>20b</li> <li>20b</li> <li>20b</li> <li>20c X</li> </ul>		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	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 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 foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       X       15       X         17       Did the organization report a total of more than \$15,000 of grass income and contributions on Part IX, column (A), line 3, more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       X       20b       20b       20a       X         20a       X       20b       20a       X	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
<ul> <li>investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000</li> <li>or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i></li> <li>14b</li> <li>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 foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i></li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i></li> <li>16 X</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i></li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? <i>If</i> "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a X</li> <li>20b</li> <li>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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> </ul>	14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       X       20b       20a       X         20a       X       20b       20a       X         20b       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 H       20a       X	b				
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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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         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       20b       20b         21       Zi       X       20a       X			14b		X
<ul> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i></li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> <li>21 X</li> </ul>	15				
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1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization operate on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21       X	18			Ţ	
complete Schedule G, Part III       19       X         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       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	40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>^</u>	
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       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       20a       X	19				v
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	<b>00</b> -				
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					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		
	21		21	x	
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			Yes	No
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	Х	<u> </u>
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b> </b>
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	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			<u> </u>
07		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 37		<u> </u>
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a U Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(compline) winnings to prize winners?	1c	Х	
02000				(2020)
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<u>Form 990 (2</u>			COMMUNITY			
Part V	Statements F	Regarding	Other IRS Filing	gs and Tax C	Compliance	(continued)

					Yes	No
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	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	;?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a						
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut		•			77
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	cour	it)?	4a		X
b	If "Yes," enter the name of the foreign country					
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc			5-		Х
				5a 5b		X
b C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
u	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
~	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	ces p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	trac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Forn			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y th	e			
•				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a h				9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:			90		
а		10a				
		10b		1		
11	Section 501(c)(12) organizations. Enter:		1			
а		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
		11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	041'	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		I			
_		13b		-		
		13c	1	44-		X
				14a		
о 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat		or	14b		
13	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2020)

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Form 990	(2020)
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# OWENS COMMUNITY COLLEGE FOUNDATION

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

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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 on Schedule O. See instructions. X

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		23			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
5					3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		x
<del>-</del> 5	Did the organization make any significant changes to its governing documents since the profit of the organization become aware during the year of a significant diversion of the organization's ass				5		X
6					6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap				0		
7a	more members of the governing body?	-			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		-				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">	/es," de	scribe		10.	x	
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	~	
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	il by inc	ependent				
а	The organization's CEO, Executive Director, or top management official				15a		X
	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 arrangen	nent 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 evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	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 <b>NONE</b>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-	T (Section	501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	0 .					
10	Own website       Another's website       Image: Constraint of the cons		,	aliov and	finan		
19		ningt 0	niterest po	Jincy, and	man	Jai	
20	statements available to the public during the tax year.		rooc-d-				
20	State the name, address, and telephone number of the person who possesses the organization's book KATIE FEHER - 567-661-7532	JKS and	records	<b>-</b>			
	P.O. BOX 10000, TOLEDO, OH 43699-1947						
-							(202

Form	990	(2020)
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OWENS COMMUNITY COLLEGE FOUNDATION

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and the	hours per					than o s both		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				eq		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	e comp				and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DIANA H. TALMAGE	line)	Inc	<u>u</u>	8	Ke	e Hi	For			
(1) DIANA A. IALMAGE CHAIRMAN	2.00	x		x				0.	0.	0
(2) ALAN M. SATTLER	2.00	<b>A</b>						0.	0.	0.
	2.00			v					0	
VICE CHAIRMAN	2 00	Х		X				0.	0.	0.
(3) WALTER J. CELLEY	2.00								•	
SECRETARY	0.00	Х		X				0.	0.	0.
(4) LOUIE RUBIOLA	2.00								0	0
TREASURER		Х		X				0.	0.	0.
(5) STEVEN STOCKDALE	0.50								0	
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(6) JEFFREY GANUES	0.50								0	
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(7) JAMES F. CARTER	0.50								0	
DIRECTOR-AT-LARGE	0.50	Х						0.	0.	0.
(8) PHILIP J. RUDOLPH	0.50									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(9) GREGORY L. CEPEK	0.50									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(10) THOMAS DANIELS	0.50									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(11) ANDREA M. GURCSIK	0.50									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(12) KARIL MORRISSEY	0.50									0
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(13) JEANNIE Y. HYLANT	0.50								0	
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(14) ANDREW LORENZ	0.50								0	
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(15) DANIEL E. KIMMET	0.50	- 							<u>^</u>	
DIRECTOR-AT-LARGE		Х	<u> </u>	<u> </u>	<u> </u>			0.	0.	0.
(16) MICHAEL E. DUFFEY	0.50	- 							<u>^</u>	
DIRECTOR-AT-LARGE	0.50	Х	<u> </u>					0.	0.	0.
(17) SEAN HANKINSON	0.50								_	
DIRECTOR-AT-LARGE		Х						0.	0.	0.
032007 12-23-20					_					Form <b>990</b> (2020)

15260513 758050 4000002-749

2020.05094 OWENS COMMUNITY COLLEGE F 40000021

7

Form 990 (2020) OWENS COM	MUNITY	CC	LL	۶EG	Е	FO	UN	NDATION	20-16	25	785	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable		Es	timate	<del>;</del> d
	hours per week	box	, unle	ss per 1d a d	rson i	s botł	n an	compensation	compensation	ר		ount o	of
	(list any						,	_ from the	from related			other	tion
	hours for	direct						organization	organizations (W-2/1099-MIS			pensat om the	
	related	e or o	stee			nsated		(W-2/1099-MISC)	(** 2/1000 1010	°,		anizati	
	organizations	truste	al tru		yee	in pe		(			•	d relate	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner				orga	inizatio	ons
	line)	Indiv	Insti	Officer	Key	High emp	Former						
(18) KEITH JORDAN	0.50												•
DIRECTOR-AT-LARGE		Х						0.		0.			0.
(19) THOMAS F. POUNDS	0.50												0
DIRECTOR-AT-LARGE (20) ARTHUR H. SMITH	0.50	Х						0.		0.			0.
DIRECTOR-AT-LARGE	0.50	x						0.		0.			0.
(21) RONALD MCMASTER	0.50	^						0.		0.			0.
DIRECTOR-AT-LARGE	0.30	х						0.		0.			0.
(22) JAMES BAEHREN	0.50									••			0.
DIRECTOR-AT-LARGE	0.50	х						0.		0.			0.
(23) SARAH HICKERNELL	40.00									<u> </u>			
INTERIM EXECUTIVE DIRECTOR		1		x				0.		0.			0.
(25) JENNIFER L. FEHNRICH	40.00									-			
EXECUTIVE DIRECTOR		1		x				0.		0.			0.
(26) WILLIAM BALZER	0.50												
EX-OFFICIO DIRECTOR		Х						0.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
							0.						
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				0
compensation from the organization												Yes	0 No
										ſ		res	NO
<b>3</b> Did the organization list any <b>former</b> officer,											~		х
line 1a? If "Yes," complete Schedule J for si 4 For any individual listed on line 1a, is the su										····	3		
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4		х
	,		'							····	-		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>						5		х					
Section B. Independent Contractors		201	51 30		5013	011 .				1	-		
1 Complete this table for your five highest con	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t													
(A)								(B)			(C	;)	
Name and business address         NONE         Description of services         Compensat						nsatior	n						
2 Total number of independent contractors (ir	ncluding but no	ot lir	nited	d to	thos	se lis	ted	l above) who received m	ore than				
\$100,000 of compensation from the organiz	zation 🕨				(	)							

Form **990** (2020)

032008 12-23-20

		(2020) OWENS COMMUNIT	TY COLLEG	E FOUNDATI	ION	20-1625	785 Page <b>9</b>
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response o	r note to any line	in this Part VIII			
				(A)	(B)	(C) Unrelated	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	business revenue	
							sections 512 - 514
ς S	1 =	a Federated campaigns 1a					
ant	t.						
S D		'	61,055.				
Contributions, Gifts, Grants and Other Similar Amounts	c	<b>v</b>					
ilar İlar	c	d Related organizations					
Sin's,	e	<b>3</b> ( <b>1 )</b>					
rti S	f	All other contributions, gifts, grants, and					
bu đ		similar amounts not included above 1f	1,095,215.				
dt	ç	Noncash contributions included in lines 1a-1f	245,053.				
aŭ	ŀ	Total. Add lines 1a-1f		1,156,270.			
			Business Code				
Ð	2 8	a					
Ś	L C						
ier, ue							
γen S ne/	c						
Program Service Revenue	c	i					
5 0	e						
٩	f	All other program service revenue					
	ç						
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	► L	90,224.			90,224.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	-	(i) Real	(ii) Personal				
	6 a						
	k						
	c						
		Net rental income or (loss)	····· •				
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 2,055,315.					
	b	Less: cost or other basis					
е		and sales expenses <b>7b</b> 1,816,455.					
evenue		Gain or (loss) 7c 238,860.					
		I Net gain or (loss)		238,860.	238,860.		
Other R		Gross income from fundraising events (not	F	,	,		
Ę	0.0	including \$ of					
0							
		contributions reported on line 1c). See	00 475				
		Part IV, line 18	20,475.				
	b	b Less: direct expenses 8b	38,195.				
	c		►	-17,720.			-17,720.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	b Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b>.</b>				
		Gross sales of inventory, less returns	F				
		and allowances 10a					
	L	b Less: cost of goods sold					
_		Net income or (loss) from sales of inventory	Business Code				
S			Dusiness Code				
eor	11 a	۱ ۱					
an	b	, [					l
scellaneo Revenue	c						
Miscellaneous Revenue	<b>_</b> c	All other revenue					
<		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,467,634.	238,860.	0.	72,504.
03200	9 12-2						Form <b>990</b> (2020

9

OWENS COMMUNITY COLLEGE FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

(0)

	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	819,617.	819,617.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	329,563.	329,563.		
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 (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	24,418.		24,418.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	11,654.		11,654.	
12	Advertising and promotion	4,121.			4,121.
13	Office expenses	2,716.		2,716.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	712.		712.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,721.		4,721.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) CONTRACTS AND AGREEMENT	18,234.		18,234.	
a b	MISCELLANEOUS	1,860.		1,860.	
c b	LICENSE AND FEES	376.		376.	
d	DONOR RELATIONS	193.		5,0•	193.
	All other expenses	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
е 25	Total functional expenses. Add lines 1 through 24e	1,218,185.	1,149,180.	64,691.	4,314.
<u>25</u> 26	Joint costs. Complete this line only if the organization	1,210,100.	±,±10,±00.	01,0010	1,5116
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				

10

032010 12-23-20

Form 990 (2020)

15260513 758050 4000002-749

	OWENS	COMMUNITY	COLLEGE	FOUNDATION
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20-1625785 Page 11

Pa	rt X	Balance Sneet				
		Check if Schedule O contains a response or note	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		216,538.	1	140,016.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		842,300.	3	581,182.
	4	Accounts receivable, net		163.	4	0.
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	I			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Å	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		5,195,652.	11	7,112,259.
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	6,254,653.	16	7,833,457.
	17	Accounts payable and accrued expenses		0.	17	3,674.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to any current or form				
iliti		trustee, key employee, creator or founder, subst				
Liabilities		controlled entity or family member of any of thes			22	
-	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		0.	25	2 674
	26	Total liabilities. Add lines 17 through 25	· · <b>\ \</b>	υ.	26	3,674.
ŝ		Organizations that follow FASB ASC 958, che	ck here 🕨 🔼			
nce	07	and complete lines 27, 28, 32, and 33.		1,264,652.	07	1 0 2 7 3 1 0
alaı	27			4,990,001.	27	<u>1,927,319</u> . 5,902,464.
ЧB	28	Net assets with donor restrictions		4,990,001.	28	5,502,404.
'n		Organizations that do not follow FASB ASC 98	b8, check here ►			
or F	20	and complete lines 29 through 33.			20	
ŝts	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund			29	
SSE	30				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		6,254,653.	31	7,829,783.
ž	32	Total net assets or fund balances		6,254,653.	32 33	7,833,457.
	33	Total liabilities and net assets/fund balances		0,231,033.	აა	$\frac{7,033,437}{500}$

Form 990 (2020)

# Part X Balance Sheet

Form	990	(2020)
	000	

	990 (2020) OWENS COMMUNITY COLLEGE FOUNDATION	20-16	25785	Pag	<sub>ge</sub> 12
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	1,46		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,21		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,25		
5	Net unrealized gains (losses) on investments	5	1,32	5,6	81.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,82	9,7	83.
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	Ο.			
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	l 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	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			1
	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 requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			_	aan .	( ·

Form **990** (2020)

SCHEDUL	E A.
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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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	he organization							identification number
		OWEN	S COMMUNITY	Y COLLEGE FOU	JNDATI	ION		2	0-1625785
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	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 ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(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		A medical research organize					•	(iiii). Enter	the hospital's name.
-		city, and state:		, ,					, , , , , , , , , , , , , , , , , , ,
5	X	An organization operated for	or the benefit of a col	leae or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
•		section 170(b)(1)(A)(iv). (C		9,,					
6		A federal, state, or local gov		ental unit described in	section 17	70(h)(1)(A)	( <sub>1</sub> )		
7		An organization that norma						o gonoral i	aublic described in
'		section 170(b)(1)(A)(vi). (C		niiai part of its support ii	on a gove	minentai		ie general j	
0				(1)(A)(ui) (Complete Der					
8		A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
40		university:	U						
10		An organization that norma		••			-	• •	•
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a	•	, .	•				
12		An organization organized a	•	•	•		-	•	• •
		more publicly supported or	-						Check the box in
		lines 12a through 12d that						-	
а		<b>Type I.</b> A supporting orga	-	-	•	-			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		<b>Type III non-functionally</b>	v integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor/	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	I, Type III	
		functionally integrated, or	Type III non-functior						
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	I								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

# Schedule A (Form 990 or 990-EZ) 2020 OWENS COMMUNITY COLLEGE FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) a

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	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not include any "unusual grants.")	325,731.	759,234.	600,359.	1684242.	1156270.	4525836.		
•		525,751.	159,254.	000,559.	1004242.	1130270.	4323030.		
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								
5	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	325,731.	759,234.	600,359.	1684242.	1156270.	4525836.		
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)						1332487.		
	Public support. Subtract line 5 from line 4.						3193349.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	325,731.	759,234.	600,359.	1684242.	1156270.	4525836.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources $\dots$	82,044.	94,206.	108,955.	115,351.	90,224.	490,780.		
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.)						5016616.		
	Total support. Add lines 7 through 10		<u> </u>				5010010.		
	Gross receipts from related activities,								
13	First 5 years. If the Form 990 is for th								
Sec	organization, check this box and stor ction C. Computation of Publi	o nere o Support Per	centage						
						14	63.66 %		
	Public support percentage for 2020 (I Public support percentage from 2019		•			15	<u>63.66</u> 71.93 %		
	<b>33 1/3% support test - 2020.</b> If the c								
100	stop here. The organization qualifies						N V		
h	33 1/3% support test - 2019. If the o		-						
~	and <b>stop here.</b> The organization qual	-							
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact								
	meets the facts-and-circumstances te			-	-				
b	10% -facts-and-circumstances test	-			-				
	more, and if the organization meets th	-							
	organization meets the facts-and-circu								
18	Private foundation. If the organizatio				• •				
	Schedule A (Form 990 or 990-EZ) 2020								

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# Schedule A (Form 990 or 990-EZ) 2020 OWENS COMMUNITY COLLEGE FOUNDATION 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 year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
<b>4</b> Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Publi						
15 Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	<b>)20</b> (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2020. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2019. If the						nd
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
032023 01-25-21					edule A (Form 990	) or 990-EZ) 2020
		15	5		-	-

### Schedule A (Form 990 or 990-EZ) 2020 OWENS COMMUNITY COLLEGE FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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.)

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Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 OWENS COMMUNITY COLLEGE FOUNDATION

		Supporting Organizations (continued)			.ge e
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	•	elow, the governing body of a supported organization?	11a		
h		ily member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
U			11c		
Sec		<i>in</i> Part VI. 3. Type I Supporting Organizations			
				Vac	No
4	Did th	a coversing body, members of the coversing body, officers esting in their official especify, or membership of one or		Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	•	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
-	•••	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		$m{n}$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	super	vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
0	the su	pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	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 governmental entity (see instructions).	

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- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.** 

**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.* 

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Sche	dule A (Form 990 or 990 EZ) 2020 OWENS COMMUNITY COLLEGE			20-1625785 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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 0.015 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 0.035.	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 0.85 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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# Schedule A (Form 990 or 990 EZ) 2020 OWENS COMMUNITY COLLEGE FOUNDATION

Par	t V Type III Non-Functionally integrated 509	a)(s) Supporting Orga	mzations (continu	<u>ued)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ) 2020	OWENS COMMUN	NITY COLLEGE	E FOUNDATION	20-1625785 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	<b>mation.</b> Provide the e> , 2, 3b, 3c, 4b, 4c, 5a, 6, lines 2 and 3; Part IV, Se	xplanations required b 9a, 9b, 9c, 11a, 11b, a ction E, lines 1c, 2a, 2	y Part II, line 10; Part II, line and 11c; Part IV, Section B, b, 3a, and 3b; Part V, line 1	a 17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section E,	lines 2, 5, and 6. Also	complete this part for any	additional information.
032028 01-25-2	1			e	chedule A (Form 990 or 990-EZ) 2020
			20	5	

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

OWENS COMMUNITY COLLEGE

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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Employer identification number

20-1625785

#### OWENS COMMUNITY COLLEGE FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 250,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 64,200. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll X 30,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

15260513 758050 4000002-749

Employer identification number

20-1625785

#### OWENS COMMUNITY COLLEGE FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 30,000. Noncash Х (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 Person Payroll 40,000. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 Person Payroll 69,999. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 Person Payroll 54,720. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

noncash contributions.)

15260513 758050 4000002-749

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Schedule B	(Form 990,	990-EZ,	or 990-PF	) (2020)	
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Name	of	organ	iza	tion
INALLE	υı	uryan	IIZa	liuii

#### Employer identification number

20-1625785

### OWENS COMMUNITY COLLEGE FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	<b>Noncash Property</b> (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STAMPING PRESSES		
5			
		\$30,000.	04/30/21
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
i ur t i	TRUCK		
7			
		\$ <u>30,000.</u>	12/30/20
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	TASERS, CARTRIDGES, AND HOLSTERS		
8	TAGENS, CARIALDOES, AND NULSIERS	——	
		\$ 40,000.	12/22/20
(a) No.	(1-)	(c)	(-1)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	Date received
	GARBAGE TRUCK, DIESEL		
9			
		\$ 69,999 <b>.</b>	11/30/20
		\$69,999.	11/30/20
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	TOOLS		
10			
		\$54,720.	01/06/21
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(	
		—	
—			
		\$	

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023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of or	rganization				Employer identification number
OWENS	COMMUNITY COLLEGE FOUNI	DATION			20-1625785
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ons to organizations describ through (e) and the following charitable, etc., contributions of \$1	a line entry. For or	rganizations	at total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
		(e) Transfe	r of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	nsferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
	Transferee's name, address, ar	(e) Transfe		alationship of tra	nsferor to transferee
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
-		(e) Transfe	r of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
		(e) Transfe	r of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	nsferor to transferee

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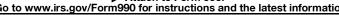
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDU	LE D
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Department of the Treasury Internal Revenue Service

(Form	990)
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Nam	of the organization OWENS COMMUNITY CO	LLEGE FOUNI	DATION		Empl	oyer identifica 20-162		ber
Par				s or Ac	count			
	organization answered "Yes" on Form 990, Part IV, lin							
		(a) Donor ac	lvised funds	(t	) Fund	s and other acc	counts	
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		s held in donor advi	sed fund	s			
-	are the organization's property, subject to the organization's	•				Yes		No
6	Did the organization inform all grantees, donors, and donor a							
-	for charitable purposes and not for the benefit of the donor o	-	-		-			
	impermissible private benefit?				•	Yes		No
Par		ganization answered	"Yes" on Form 990	, Part IV,	line 7.			
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (for example, recrea			of a histo	ricallv ir	mportant land a	rea	
	Protection of natural habitat	,	Preservation of		•	-		
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation cor	tribution in the form	n of a con	servatio	on easement or	n the last	
	day of the tax year.			[		Held at the End o		Year
а					2a			
b				ſ	2b			
с	Number of conservation easements on a certified historic stru			r	2c			
d	Number of conservation easements included in (c) acquired a							
	listed in the National Register				2d			
3	Number of conservation easements modified, transferred, rel				ation d	uring the tax		
	year 🕨			Ū		C C		
4	Number of states where property subject to conservation eas	sement is located		_				
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	pection, handling of					
	violations, and enforcement of the conservation easements it	holds?				🗌 Yes		No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing cor	nservatior	n easen	nents during the	e year	
	▶							
7	Amount of expenses incurred in monitoring, inspecting, hanc	lling of violations, and	d enforcing conserv	ation eas	ements	during the yea	r	
	►\$							
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirer	nents of section 170	0(h)(4)(B)(i	)			
	and section 170(h)(4)(B)(ii)?					Yes		No
9	In Part XIII, describe how the organization reports conservation	on easements in its r	evenue and expens	e stateme	ent and			
	balance sheet, and include, if applicable, the text of the footr	note to the organizati	on's financial staten	nents tha	t descri	ibes the		
_	organization's accounting for conservation easements.							
Par	t III Organizations Maintaining Collections of		Freasures, or O	ther Si	milar	Assets.		
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement	and bala	nce she	et works		
	of art, historical treasures, or other similar assets held for put				ce of pu	ublic		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these iter	ms.				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and	balance	sheet v	vorks of		
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, or research in fur	therance	of publ	ic 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 treater			al gain, p	rovide			
	the following amounts required to be reported under FASB A	-						
	Revenue included on Form 990, Part VIII, line 1				<b>&gt;</b> \$			
	Assets included in Form 990, Part X			<u></u>	► \$			
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			S	Schedule D (Fo	rm 990) 2	2020
032051	12-01-20							

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Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	(contin	ued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make s	significant u	use of its	·	,
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's exe	mpt purpo	se in Part I	XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma						Yes	No
Par	rt IV Escrow and Custodial Arrang					). Part IV. I		
	reported an amount on Form 990, Par		0			, ,	,	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contributions	s or other assets not	included			
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII					·····	]	
~			owing table.				Amount	
с	Beginning balance				1c		/ intodire	
	Additions during the year							
	Distributions during the year							
f	Ending balance				<u>IC</u> If			
	Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.					······ L	] 163	
Par						<u></u>		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	voare back	(a) Four	years back
10	Paginning of year balance	3,420,332.	3,356,015.	3,125,774.		16,737.		650,185.
1a ⊾	Beginning of year balance	351,414.	69,792.	148,818.	· · ·	97,912.	,	77,258.
b	Contributions	1,055,800.	144,548.	192,210.		21,768.		303,480.
C	Net investment earnings, gains, and losses	128,885.	96,745.	95,005.		76,207.		80,562.
d	Grants or scholarships	120,005.	50,745.	95,005.		70,207.		00,002.
е	Other expenditures for facilities	21 425	21 520	2 655		22.065		22 020
-	and programs	31,425.	31,530.	3,655.		23,965.		23,939.
f	Administrative expenses	25,521.	21,748.	11,490.		10,471.		9,685.
g	End of year balance	4,641,715.	3,420,332.	3,356,015.	3,1	.25,774.	۷,	916,737.
2	Provide the estimated percentage of the curr	•		) held as:				
а	Board designated or quasi-endowment	.7346	_%					
b	Permanent endowment $\blacktriangleright \frac{58.6900}{10.000}$	%						
С	Term endowment ► 40.5750	, -						
	The percentages on lines 2a, 2b, and 2c show	-						
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	d administered for t	he organiza	ation	-	
	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 organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) A	Accumulate	ed	(d) Book	value
		basis (investm	ient) basis	(other) de	epreciation			
1a	Land							
b	Buildings							
с	Leasehold improvements							
	Equipment							
	Other							
	I. Add lines 1a through 1e. (Column (d) must e		( column (R) line 1					0.
		gaari onn oou, i dit /				Schedule	D (Form	990) 2020
						201104410		200, 2020

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(4) 2 00011011011	or coounty of category (including have of coounty)			a er jear manter raise
(1) Financial de	erivatives			
(2) Closely held	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
Total. (Col. (b) m	ust equal Form 990, Part X, col. (B) line 12.)			
	vestments - Program Related.			
	mplete if the organization answered "Yes" on a second seco	on Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end	d of voor market value
	a) Description of investment	(D) DOOK VAIUE		u-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	ust equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX O	ther Assets.			
Co	omplete if the organization answered "Yes" o	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column Part X O	(b) must equal Form 990. Part X. col. (B) line ther Liabilities.	<u>15.)</u>		
Cc	mplete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line			
2. Liability for	uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements t	hat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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15260513 758050 4000002-749

#### OWENS COMMUNITY COLLEGE FOUNDATION Schedule D (Form 990) 2020

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

X

Sche	edule D (Form 990) 2020 OWENS COMMUNITY COLLEGE FOUNDATION	20-	1625785 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,807,092.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 1,325	5,681.	
b	Donated services and use of facilities 2b		
с			
d			
е	Add lines <b>2a</b> through <b>2d</b>	2e	1,325,681.
3	Subtract line <b>2e</b> from line <b>1</b>		1,481,411.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 24	418.	
b	Other (Describe in Part XIII.)	3,195.	
с	Add lines <b>4a</b> and <b>4b</b>	4c	<u>-13,777.</u> 1,467,634.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Retur	n.
Pa	Int XII         Reconciliation of Expenses per Audited Financial Statements With Expense           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ses per Retur	n.
<b>Pa</b> 1		ses per Retur	n.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ses per Retur	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ses per Retur	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ses per Retur	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ses per Retur	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ses per Retur	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ses per Retur1	1,231,962.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ses per Retur	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ses per Retur	1,231,962.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       1000000000000000000000000000000000000	2e 3 4 , 418 .	1,231,962.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       1000000000000000000000000000000000000	2e 3	1,231,962.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2e 3 4,418. 3,195.	1,231,962.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       Investment expenses not included on Form 990, Part VIII, line 7b         Investment expenses not included on Form 990, Part VIII, line 7b       4a       24         Other (Describe in Part XIII.)       36       36	2e 3 4,418. 3,195. 4c	1,231,962. 0. 1,231,962.

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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

TO PROVIDE SCHOLARSHIPS FOR STUDENTS OF OWENS COMMUNITY COLLEGE, AND TO

PROVIDE PROGRAM ASSISTANCE TO THE COLLEGE'S DEPARTMENTS.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE, IN A LETTER DATED SEPTEMBER 29, 1997 AND

AGAIN ON SEPTEMBER 22, 2004, DETERMINED THAT THE FOUNDATION WAS EXEMPT

FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE

UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS

TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION

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

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Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 OWENS COMMUNITY COLLEGE FOUNDATION	N 20-1625785 Page 5
Part XIII Supplemental Information (continued)	
SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICA	BLE TAXING
AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS	TAKEN BY THE
FOUNDATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2021	AND 2020, THERE ARE
NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN T	HAT WOULD REQUIRE
RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANC	IAL STATEMENTS. THE
FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURI	SDICTIONS; HOWEVER,
THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN P	ROGRESS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G Supple	Supplemental Information Regarding Fundraising or Gaming Activities									
(Form 990 or 990-EZ) Complete	) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury	► Attach to Form 990 or Form 990-EZ.									
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization OWENS	COMMUNITY COLLEGE E	OUNI	)ATI	ION		20-1625	entification number 785			
Part I Fundraising Activi	ies. Complete if the organization answ				line 17					
required to complete thi	s part. I raised funds through any of the followi	ing activ	ities (	Check all that apply						
a Mail solicitations		-		overnment grants						
<b>b</b> Internet and email solicita				nment grants						
c Phone solicitations d In-person solicitations	g 🔄 Specia	al fundra	ising	events						
•	ten or oral agreement with any individua	al (includ	ing of	ficers, directors, trus	stees,	or				
	0, Part VII) or entity in connection with			•						
compensated at least \$5,000 b	individuals or entities (fundraisers) purs / the organization.	uant to a	agreer	nents under which ti	ne tur	Idraiser is to D	e			
		(iii)	Did		(v)	Amount paid				
(i) Name and address of individua or entity (fundraiser)	(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (c	fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization			
		Yes	No							
3 List all states in which the organ	zation is registered or licensed to solicit	contrib	▶ utions	or has been notified	l it is e	exempt from re	gistration			
or licensing.										
LHA For Paperwork Reduction Act										

032081 11-25-20

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 GOLF OUTING	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
٥			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	81,530.			81,530
	2	Less: Contributions	61,055.			61,055
	3	Gross income (line 1 minus line 2)	20,475.			20,475
	4	Cash prizes	1,820.			1,820
	5	Noncash prizes	3,973.			3,973
Senses	6	Rent/facility costs	10,254.			10,254
Direct Expenses	7	Food and beverages	5,268.			5,268.
	8 9	Entertainment Other direct expenses Direct expense summary. Add lines 4 throug	16,880.			16,880 38,195
'a		Net income summary. Subtract line 10 from <b>II Gaming.</b> Complete if the organization	line 3, column (d)			
	11	Net income summary. Subtract line 10 from	line 3, column (d)			-17,720 (d) Total gaming (add
1	11	Net income summary. Subtract line 10 from <b>II Gaming.</b> Complete if the organization	line 3, column (d)	990, Part IV, line 19, or r	eported more than	-17,720 (d) Total gaming (add
Revenue	11 rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) a answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	-17,720 (d) Total gaming (add
Revenue	11 rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	990, Part IV, line 19, or r	eported more than	-17,720 (d) Total gaming (add
Revenue	11 rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	(a) Bingo	990, Part IV, line 19, or r	eported more than	-17,720 (d) Total gaming (add col. (a) through col. (c
Hevenue	11 rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	-17,720 (d) Total gaming (add
Hevenue	11 rt I 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	990, Part IV, line 19, or r	eported more than	-17,720 (d) Total gaming (add
Direct Expenses Revenue of	11 rt I 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo (a) Bingo (b) Yes% (c) Yes% (c) No	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	cc) Other gaming (c) Other gaming	-17,720 (d) Total gaming (add
Kevenue	11 rt I 2 3 4 5 6 7	Net income summary. Subtract line 10 from         Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	line 3, column (d)          nanswered "Yes" on Form         (a) Bingo         (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than  (c) Other gaming  (c) Ves%  No	-17,720 (d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: \_\_\_\_

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Schedule G (Form 990 or 990-EZ) 2020

No

Sch	edule G (Form 990 or 990-EZ) 2020 OWENS COMMUNITY COLLEGE FOUNDATION	20-1625785 Page	e 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name 🕨		
	Address		
			No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	NO
h	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	unt	
	of gaming revenue retained by the third party $\triangleright$ \$	in t	
~	s If "Yes," enter name and address of the third party:		
Ľ	in res, entername and address of the time party.		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of convision provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b	э,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
0320	83 11-25-20 Schedule	G (Form 990 or 990-EZ) 2	020
	34		

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Contraction Bit or BALLZ OVENS COMMUNITY COLLEGE FOUNDATION 20-1625785 Page 4 Part V Supplemental Information (continued)	Schedule G	i (Form 990 or 990-EZ)	OWENS	COMMUNITY	COLLEGE	FOUNDATION	20-1625785 Page 4
	Part IV	Supplemental Infor	mation <sub>(co</sub>	ontinued)			<u>u</u>

Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE I	G	ants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047			
(Form 990)	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.									
Dependence of the Tracerum	Comp		Attach to For		1 ( 1 <b>v</b> , iii)e 2 i 0i 22.		2020 Open to Public			
Department of the Treasury     Attach to Form 990.       Internal Revenue Service     Go to www.irs.gov/Form990 for the latest information.										
Name of the organization OWENS COMMUNITY COLLEGE FOUNDATION Employer iden 20										
Part I General Information on Grants	and Assistance									
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or assi	stance, and the selecti	on			
criteria used to award the grants or ass	stance?						X Yes No			
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	l States.						
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	<b>Governments.</b> C	Complete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any			
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.	(C) Matter at a f	1				
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
OWENS STATE COMMUNITY COLLEGE										
PO BOX 10000	24 1050164	GROWTON 115	E01 200	228 218	77467	TRAINING	PROGRAM AND CAPITAL			
TOLEDO, OH 43699-1947	34-1059164	SECTION 115	591,399.	228,218.	FMV	EQUIPMENT	SUPPORT			
2 Enter total number of section 501(c)(3) a							·······			
3 Enter total number of other organization	is listed in the line	I table					······			

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

#### Schedule I (Form 990) 2020

#### OWENS COMMUNITY COLLEGE FOUNDATION

20-1625785

Page 2

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	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	222	329,563.	0.		
<b>Deut IV</b> Complementel Information Durida the information was					1

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE OWENS COMMUNITY COLLEGE FOUNDATION SOLICITS APPLICATIONS FROM STUDENTS

AND THE FINANCIAL AID OFFICE PROVIDES RELEVANT INFORMATION, INCLUDING

FINANCIAL NEED, FOR EACH APPLICANT. A SCHOLARSHIP COMMITTEE CONSISTING OF

STAFF MEMBERS OF OWENS COMMUNITY COLLEGE IS APPOINTED BY THE FOUNDATION'S

EXECUTIVE DIRECTOR TO REVIEW THE APPLICATIONS AND SELECT THE AWARD

RECIPIENTS BASED ON THE CRITERIA THAT IS SET FORTH FOR THE VARIOUS

SCHOLARSHIP FUNDS. THESE CRITERIA INCLUDE SUCH THINGS AS FINANCIAL NEED,

### GRADE POINT AVERAGE, AND AREA OF STUDY.

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2020

**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. 

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization	
--------------------------	--

Employer identification number

20-1625785

	OWENS COMMUNITY COLLEGE FOUNDATION 20-16									
Pa	Part I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	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									
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									
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  (TRAINING EQUI)	X	8	228,218.	FMV					
26	Other ( FUNDRAISING E )	X	11	16,835.						
27	Other ► ( )									
28	Other ( )									
29	Number of Forms 8283 received by the organiz	zation during	the tax vear for c	ontributions						
	for which the organization completed Form 82									
	5	, , ,	5				Yes	No		
30a	During the year, did the organization receive b	v contributic	n anv propertv rep	orted in Part I. lines 1 throud	nh 28. that it					
	must hold for at least three years from the date			· · ·						
	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	oolicy that re	equires the review of	of any nonstandard contribu	tions?	31	х			
	Does the organization hire or use third parties									
	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.	( )	,, , , , , , , ,		,					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032141 11-23-20

Schedule M	(Form 990) 2020	OWENS	COMM	UNITY	COLLEGE	FOUNDA	TION	20-1625785	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ac	l Informat t I, column (l	tion. Pro b), the nur	wide the ir nber of co	nformation requi ntributions, the	red by Part I, I number of iter	ines 30b, 32b, and ns received, or a d	d 33, and whether the organiza combination of both. Also com	ation plete
000110 11 05	20							Cabadula M /Farm	
032142 11-23-2	20				39			Schedule M (Forn	1 990) 2020
					39				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020
Open to Public
Inspection

OWENS COMMUNITY COLLEGE FOUNDATION

Employer identification number 20 - 1625785

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.

PART V LINE 7H

THE AGENCY WAS NOT REQUIRED TO FILE A 1098-C AS THE DONORS DID NOT

CLAIM DEDUCTIONS FOR THE DONATED VEHICLES.

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 PARTICIPATING IN THE DISCUSSION, CONSIDERATION OF, AND VOTING

ON ANY MATTER RELATED TO THE APPLICABLE CONFLICT.

FORM 990, PART VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 Page							
Name of the organization OWENS COMMUNITY COLLEGE FOUNDATION	Employer identification number 20-1625785						

DOCUMENTS ARE AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS AND FINANCIAL

### STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

### THE FOUNDATION HAS A COMMITTEE THAT REVIEWS THE AUDIT REPORT AND

APPROVES THE FOUNDATION'S AUDITORS. THERE HAVE BEEN NO CHANGES TO THIS

PROCESS SINCE THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20