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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

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

OMB No 1545-1150

2008

Open to Public Inspection

Α	For the 2008 calendar y	rear, or tax year beginning //U1/U8, and ending	6/30/09					
В	Juga IDS							
	Address change labe							
	Name change prin	34	-1196956					
Ш	Initial return type	E Tele	ephone number					
	Termination See	1 7001 Webt Danciolt Direct		41	9-530-2630			
Щ	Amended return Inst	ruc- City or town, state or country, and ZIP + 4		F Gro	up Exemption			
Ц	Application pending tion	s Toledo OH 43606	5	Nun				
	<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations and 4947(a)(1) nonexempt charitable trusts must a	ttach G Accounting	g method	X Cash Accrual			
		a completed Schedule A (Form 990 or 990-EZ).	Other (specify)	<u> </u>				
I	Website: ► N/A		H Check ▶	If the	e organization is <b>not</b> nedule B (Form 990,			
J	Organization type (check		or 527 990-EZ, o	r 990-PF)				
K	_	ganization is not a section 509(a)(3) supporting organization and its	s gross receipts are normally i	not more t	han \$25,000 A return			
		organization chooses to file a return, be sure to file a complete retu			114 241			
<u> </u>		line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instea		<u>▶ \$</u>				
_ <u>_</u> F		, Expenses, and Changes in Net Assets or Fund E	salances (See the Instr	1				
	=	, grants, and similar amounts received		1	7,190			
		revenue including government fees and contracts		2	24,965			
	3 Membership due	es and assessments		3				
	4 Investment incor	ne	1 1	4	29			
	5a Gross amount fr	om sale of assets other than inventory	5a	_				
	<b>b</b> Less cost or oth	ner basis and sales expenses	5b					
Revenue	c Gain or (loss) from	sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch		5c				
	6 Special events and	I activities (complete applicable parts of Schedule G). If any amount is from ${\bf g}$	aming, check here					
	a Gross revenue (	not including \$ of contributions						
	reported on line	1)	6a 82,1	57				
	b Less direct expe	enses other than fundraising expenses	6b 37,9	61				
	1	oss) from special events and activities (Subtract line 6b from line 6a	a)	6c	44,196			
	1							
	b Less cost of goo	•	7b	_				
	1	7c	1					
	8 Other revenue (c	oss) from sales of inventory (Subtract line 7b from line 7a)		) 8				
	1	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		<b>→</b> 9	76,380			
		lar amounts paid (attach schedule)	e Statement 1	10	34,151			
	1		FUEL	11	31,131			
	1	amananakan and amalawa harasis	181		3,600			
ses	12 Salanes, other c	compensation, and employee benefits	FEB 1 6 2010 SE	12	3,000			
kpenses	13 Professional fee	s and other payments to independent contractors	LEB I O SO TEL	13				
Ē		t, utilities, and maintenance		14	<del> </del>			
		tions, postage, and shipping	GDEN, UT	15	25 011			
Û,	16 Other expenses			) 16	35,811			
5	17 Total expenses	. Add lines 10 through 16	<u> </u>	17	73,562			
	18 Excess or (defici	it) for the year (Subtract line 17 from line 9)		18	2,818			
ASS	19 Net assets or fund	balances at beginning of year (from line 27, column (A)) (must agree with end-of-	year figure reported on prior year's return		3,842			
	20 Other changes ii	n net assets or fund balances (attach explanation)		20				
AR 0 8 2010,	21 Net assets or fur	nd balances at end of year Combine lines 18 through 20		21	6,660			
<u> 22. h</u>	raft II Balance	Sheets. If Total assets on line 25, column (B) are \$2,500,000 or i			-EZ			
		(See the instructions for Part II )	(A) Beginning of yea		(B) End of year			
OHANK!	Cash, savings, and inves	stments	3,8	42 22	6,660			
23	Land and buildings			23				
24	Other assets (describe	<b></b>	)	24				
25	Total assets		3,8	42 25	6,660			
26	Total liabilities (describe	e ▶	)	0 26	0			
27	Net assets or fund bala	inces (line 27 of column (B) must agree with line 21)	3,8	42 27	6,660			

Form 990-EZ (2008) Downtown Coaches Association	34	-1196956		_	Page 2	
Part III Statement of Program Service Accomplishments (S	ee the instructi	ons for Part III	.)	Ex	penses	
What is the organization's primary exempt purpose?		(Required for 501(c)(3)				
See Statement 3		and (4) organizations				
Describe what was achieved in carrying out the organization's exempt purposes. In a cl	lear and concise ma	anner,		and 4947	(a)(1) trusts,	
describe the services provided, the number of persons benefited, or other relevant infor	rmation for each pro	ogram title		optional f	or others )	
28 See Statement 4		·				
(Grants \$ 20,000) If this amount includes foreign grants, chec	rk here		☐ 28a	.	20,000	
29 See Statement 5	DK TICIC	<u> </u>	200	+		
29 See Statement 5						
6 000			<sub></sub>		6 000	
(Grants \$ 6,000) If this amount includes foreign grants, check	ck here	<u> </u>	29a	₩-	6,000	
30 See Statement 6						
			1			
(Grants \$ ) If this amount includes foreign grants, check	ck here	<b>•</b>	30a	<u> </u>	26,344	
31 Other program services (attach schedule) See Statement 7						
(Grants \$ 8,151) If this amount includes foreign grants, check	ck here		31a		17,643	
32 Total program service expenses (add lines 28a through 31a)			▶ 32		69,987	
Part IV List of Officers, Directors, Trustees, and Key Employees. List each	n one even if not co	mpensated (See tl	ne instruct	ions for F	Part IV )	
	(b) Title and average	(c) Compensation	(d) Contri	butions to	(e) Expense	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0- )	employee be deferred cor		account and other allowances	
Robert O. Fountain	Ex. Director	unter -u- j	deserred des	препзацен	Outer anowarious	
MODEL O. Founcain	12	3,600		٥		
Charles Greek	1	3,000			0	
Charles Creech	Past Pres.	_		_	_	
	2	0		0	0	
Thomas Schuster	President					
	2	0		0	0	
Doug Spidel	1st VP					
	2	0		0	0	
Vance Flaggert	2nd VP					
	2	0		0	0	
Ralph Zychowicz	3rd VP					
	2	o		o	0	
Alan Wagner	Treasurer					
•	2	o		٥	o	
Jeff Hepinstall	Secretary	<del></del>				
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<u> </u>	tt V Other information (Note the statement requirements in the instructions to	or Part VI.)			
	•			Yes	No_
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity		33		<u> </u>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"				
	attach a conformed copy of the changes		34	<u> </u>	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		•		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, re	eporting,			
	and proxy tax requirements?		_35a	<u> </u>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"				
	complete applicable parts of Schedule N		36		X
37a		37a	-		
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	, , , , , , , ,	vere	1		
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?		38a		X
		38b	-[		
39	Section 501(c)(7) organizations Enter				
	·	39a	-		
		39b	-		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶, section 4912 ▶, section 4955 ▶		-		
D	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit tr				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," comple	te Schedule			•
_	L, Part I		40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during				
	the year under sections 4912, 4955, and 4958				
d	Enter amount of tax on line 40c reimbursed by the organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
9	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed   OH		408	l	
42a	The books are in care of  Robert O. Fountain	Telephone no ▶ 419	-53	0-2	630
724	2642 Stamford Drive	relephone no P 121		` -	
	Located at ▶ Toledo, OH	ZIP+4 ▶ 43	514		
b	At any time during the calendar year, did the organization have an interest in or a signature or other author	•			
	over a financial account in a foreign country (such as a bank account, securities account, or other financia	•		Yes	No
	account)?		42b		X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bai	nk			
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		х
	If "Yes," enter the name of the foreign country		·	<b></b>	
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here				$\blacktriangleright \square$
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			_
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ		44	L	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	If			
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		X_
		F	orm <b>9</b> 9	0-EZ	(2008)

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

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

(a) Name and address of each independent contractor paid more than \$100,000

None		
Total number of	of other independent contractors each receiving over \$100,000	
Sign Here	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepared by the signature of officer  Signature of officer  Date  Type or print name and title	
Paid Preparer's Use Only	of self-employed). 6465 Wheatstone Court, Bldg B, Ste 1	Preparer's Identifying Number (See instr.)  P00389299  EIN ▶ 34-1750347  Phone
May the IRS d	address, and ZIP + 4 Maumee, OH 43537 discuss this return with the preparer shown above? See instructions	no ► 419-866-7888 ► X Yes No

(b) Type of service

(c) Compensation

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

**Public Charity Status and Public Support** To be completed by all section 501(c)(3) organizations and section 4947(a)(1) OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Reason for Public Charity Status (All organizations must complete this part ) (see instructions)

Downtown Coaches Association Name of the organization

c/o University of Toledo Athletics

Employer identification number 34-1196956

						•							
The	orgai		·	it is (Please check only one org		•							
1	Н			ciation of churches described in	section 1	70(b)(1)( <i>/</i>	4)(i).						
2	Н	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	Н	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)											
4	Ш	A medical res		in conjunction with a hospital de	scribed in	section 1	170(b)(1)	(A)(iii).	Enter th	ie hospi	tal's name,		
5	$\mathbf{x}$	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II )											
6	Н	A federal, stat	te, or local government or go	vernmental unit described in <b>sec</b>	tion 170(	b)(1)(A)(v	').						
7	Ш	An organization	on that normally receives a si	ubstantial part of its support from	a govern	mental un	ut or fron	n the gei	neral pu	blic			
	_	described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II)									
8	Ш	A community	trust described in section 17	0(b)(1)(A)(vi). (Complete Part II	)								
9		An organization	on that normally receives (1)	more than 33 1/3 % of its suppo	rt from co	ntribution	s, memb	ership fe	es, and	d gross			
		receipts from	activities related to its exemp	t functions—subject to certain e	xceptions,	and (2) r	io more f	than 33	1/3 % o	fıts			
		support from	gross investment income and	I unrelated business taxable inco	me (less	section 5°	11 tax) fr	om busi	nesses				
		acquired by th	ne organization after June 30,	1975 See section 509(a)(2). (0	Complete	Part III)							
10	Ш	An organization	on organized and operated ex	clusively to test for public safety	. See <b>sec</b>	tion 509(	a)(4). (se	e instru	ctions)				
11		An organization	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly supporte	d organizations described in sect	tion 509(a	)(1) or se	ction 509	9(a)(2) S	See <b>sec</b>	tion			
		509(a)(3). Che	eck the box that describes th	e type of supporting organization	and com	plete lines	11e thr	ough 11l	h				
		a Type	I b Type II	c Type III–Functiona	illy Integra	ited	d	🗌 Тур	e III-Otl	her			
0		By checking th	his box, I certify that the orga	nization is not controlled directly	or indirect	ly by one	or more	disquali	fied				
		persons other	r than foundation managers a	nd other than one or more public	cly suppor	ted organ	ızatıons	describe	d in sec	ction			
		509(a)(1) or s	ection 509(a)(2)										
f		If the organiza	ation received a written deteri	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										П
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from a	ny of the							_
_		following pers	sons?										
		(i) A person	who directly or indirectly cor	itrols, either alone or together wit	th persons	describe	d in (ii)				Γ	Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(i)		
		(ii) A family i	member of a person describe	ed in (i) above?							11g(II)		
		(iii) A 35% co	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii)		
h		Provide the fo	ollowing information about the	e organizations the organization	supports								
	Name	e of supported	(ii) EIN	(iii) Type of organization	(IV) is the	organization	(v) Did v	ou notify	(vi)	s the	(vii) Amou	ent of	
(.,		anization	(11) = 11	(described on lines 1-9		sted in your		nization in	organizat		suppo		
				above or IRC section	governing	document?	1	of your	1.,	zed in the			
				(see instructions))	Yes	No	Yes	ort? No	Yes	S?			
					163	140	163	140	163	140			
					<del> </del>		<u> </u>						
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Tota	l _				Ī	l		L	l				

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

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.3163 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	94.1521 %
16a	33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box		

and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this

box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

18

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

	(Complete only if you che	cked the box	on line 9 of Pa	rt I.)	•		
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 1-5						· · · · · · · · · · · · · · · · · · ·
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				***************************************		
Sec	tion B. Total Support		I	<u>!</u>		L	
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	(4) 200 :	(0, 2000	(6) 2000	(4) 2007	(0) 2000	(1) 1010.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	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 IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	rganization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)(	3)	▶ 🗆
Sec	tion C. Computation of Public Su	pport Percent	age		<del></del>	<del></del>	
15	Public support percentage for 2008 (line 8,	column (f) divided	by line 13, column	(f))	· · · · · ·	15	%
16	Public support percentage from 2007 Sched		-			16	%
Sec	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2008 (lin	e 10c, column (f) o	livided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2007 S	Schedule A, Part IV	'-A, line 27h			18	%
19a	33 1/3 % support tests—2008. If the organ	ization did not che	ck the box on line	14, and line 15 is m	ore than 33 1/3 %,	and line	
	17 is not more than 33 1/3 %, check this bo	x and <b>stop here</b> . T	he organization qu	alifies as a publicly	supported organiz	ation	▶ _
b	33 1/3 % support tests—2007. If the organ						_
	line 18 is not more than 33 1/3 %, check this		_		• • •	anızatıon	▶
20	Private foundation. If the organization did	not check a box or	line 14, 19a or 191	o, check this box ar	nd see instructions		

Page 4

Schedule A (Form 990 or 990-EZ) 2008 Downtown Coaches Association 34-1196956

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization Downtown Coaches Association Employer identification nu c/o University of Toledo Athletics 34-1196956									
Part I Fundraising Activities. Complete if	the organization	n an	swe	red "Yes" to Form	990, Part IV, line	e 17.			
Indicate whether the organization raised funds through any of the following activities. Check all that apply  Mail solicitations  Belowing activities. Check all that apply  Solicitation of non-government grants  Belowing solicitations  Belowing solicitations  Belowing solicitation of government grants  Complete solicitations  Belowing solicitations  Belowing solicitations  Belowing solicitation of government grants  Complete solicitations  Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Wes No  If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table									
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
AM.									
	<u> </u>								
Total									

P	art II		vents. Complete if the orga ,000 on Form 990-EZ, line				reporte	ed:
		,	(a) Event #1 50/50 Raffles  (event type)	(b) Event #2  Giant Reverse R  (event type)	(c) Other Events  None (total number)	(d) T	otal Event col (a) thro	
Revenue	2	Gross receipts Less Charitable contributions Gross revenue (line 1	55,835	26,322	5555		82	,157
	1	minus line 2)	55,835	26,322		<u> </u>	82	,157
	4	Cash prizes	25,669	9,800	<del></del>		35	<u>,469</u>
enses	5	Non-cash prizes				<del>                                     </del>		
Direct Expenses	6	Rent/facility costs				<u> </u>		
Dire	7	Other direct expenses		2,492			2	,492
P		Net income summary Co Gaming. Comp	Add lines 4 through 7 in column (dimbine lines 3 and 8 in column (d) plete if the organization ans		Part IV, line 19, or rep	orted mo		,961 <sub>)</sub> ,196
Revenue		than \$15,000 c	on Form 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming		Il gaming (	
<u>~</u>	1	Gross revenue				-		
(benses		Cash prizes						
Direct Expenses		Rent/facility costs						
	5	Other direct expenses			F-1			
	6	Volunteer labor	X No	X No	X No			
	7	Direct expense summary	Add lines 2 through 5 in column (d	)	•	<u></u> _		
	8	Net gaming income summ	mary Combine lines 1 and 7 in colui	mn (d)	<b>•</b>			
9 a			e organization operates gaming activ o operate gaming activities in each o				Ye:	x No
b	If "N	lo," Explain						
10a b		e any of the organization'	s gaming licenses revoked, suspend	ded or terminated during the tax yea	ar?	1	10a	X
11			e gaming activities with nonmember				11	x
12	12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?							х

Sche	edule G (Form 990 or 990-EZ) 2008	Downtown Coache	s Association	34-11969	56	Р	age 3
						Yes	No
13	Indicate the percentage of gaming ac	tivity operated in					
а	The organization's facility			13a %	<u>.</u>		
þ	An outside facility			13b %	<u>.</u>		
14	Provide the name and address of the	person who prepares the organization	on's gaming/special events books				
	and records						
	Name ▶ Robert O. Fount	ain					
	2642 Stamford D	rive					
	Address ► Toledo			ОН 43614			
15a		ct with a third party from whom the or	ganization receives gaming				<u>.</u>
	revenue?				15a		X
b	If "Yes," enter the amount of gaming	•	<b>▶</b> \$	and the			
	amount of gaming revenue retained b	by the third party ► \$					
С	If "Yes," enter name and address						
	Name ▶						
	Address ►						
16	Gaming manager information						
	Name ▶						
	Gaming manager compensation ▶	\$					
	Description of services provided ▶						
	Director/officer E	Employee Independe	ent contractor				
17	Mandatory distributions						
а		ate law to make charitable distribution	is from the gaming proceeds to				
	retain the state gaming license?		<b>5 5.</b>		17a	[	x
b		uired under state law distributed to ot	her exempt organizations or spent			"	
	in the erganization's own exempt set		, ,				ı

# 15800 Downtown Coaches Association 34-1196956 FYE: 6/30/2009

# **Federal Statements**

Paid	
Amounts	
Similar /	
Line 10 - Grants and Similar Amounts	
10 - G	
l, Line	
Part	
n 990-EZ, F	
Statement 1 - Forn	

:		:		i	í	
Name and Address		Relationship to Organization	ip tion	Class of Activity	Date of Gift	
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
University of Toledo	0				3/20/09	
2801 W. Bancroft Street	0000					
Toledo, OH 43606						
University of Toledo	c c				60/80/5	
2801 W. Bancroft Street	000,02					
Toledo, OH 43606						
University of Toledo	0				60/08/9	
2801 W. Bancroft Street	161,0					
Toledo, OH 43606						
Total	34,151					

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FYE: 6/30/2009

# Federal Statements

# Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Weekly lunches paid	26,344
Football banquet	6,398
Directors' meetings - net	-25
Miscellaneous	980
Printing/Advertising	2,114
Total	\$ 35,811

# **Federal Statements**

FYE: 6/30/2009

# Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

## Description

Support of the University of Toledo Athletic Department and intercollegiate athletic teams.

# <u>Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service</u> Accomplishments

#### Description

The Downtown Coaches Association (DCA) provides cash grants to the University of Toledo Athletic Department for use in providing tuition support for its graduate assistant program. Many of the graduate assistants are former athletes who use the program to complete their education and secure a degree. The selection of the graduate assistants is made by the University. Approximately 10 graduate assistants benefited under this program.

# Statement 5 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

#### Description

During fiscal year 6/30/2008, the DCA committed to contribute \$20,000 per year for five years to the Athletic Department of the University of Toledo. The funds are to be used to offset part of the costs to renovate Savage Arena, home to some of the university's varsity teams. The current year's payment represents the first of five such payments.

## Statement 6 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

#### Description

The DCA organizes weekly buffet luncheons for its members. One or more University of Toledo Coaches will speak to the members and guests. These buffet lunches provide a forum to promote public interest and support for the various intercollegiate athletic programs at the University. Members and guests pay for their own lunches. The revenue is included in Part I, line 2. Approximately 2,200 members, coaches and athletic department officials participated during the year.

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15800 Downtown Coaches Association

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FYE: 6/30/2009

**Federal Statements** 

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# Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

### Description

Direct payments to the University's track team, swim/dive teams and women's golf team as additional support for those programs. The grants are used for the purchase of equipment, supplies and travel. Approximately 55 student athletes benefited.

Cost of meals at annual football banquet. Approximately 275 players, coaches, family members and guests participated and/or benefited.

# Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709