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Form **990-RF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Department of the Treasury

| | | dar year 2011 or tax year beginning | | , and e | | 2 - 1 | | <u> </u> | | |
|--|---------|---|---|---------------|--------------|--|--------|---------------------------------------|-------------------------------|---------------------------|
| | | foundation | | | - | A Emple | over | identification | number | |
| OWENS GROUP FOUNDATION, INC. | | | | | | -, | | | | |
| C/O ROBERT OWENS | | | | | | | -3 | 096419 | | |
| Number and street (or P O box number if mail is not delivered to street address) Room/suite | | | | | | | | number | | |
| 6 | 19 | PALISADE AVENUE | | | | | |)568-2 | 300 | |
| | | own, state, and ZIP code | | | | | | application is p | | ere 🕨 |
| - | | LEWOOD CLIFFS, NJ 0763 | 2 | | | | | | | |
| | | all that apply: Initial return | Initial return of a fo | rmer public o | charity | D 1. For | reign | organizations | , check here | ightharpoons |
| | | Final return | Amended return | • | - | | _ | _ | | |
| | | Address change | Name change | | | 2. che | eign d | organizations me are and attach co | eting the 85% te mputation | est, |
| H C | heck | type of organization: X Section 501(c)(3) ex | empt private foundation | | | F If Driv | ate f | oundation stat | iis was termir | nated |
| | _ | | Other taxable private founda | tion | | | | tion 507(b)(1) | | |
| I Fa | ır ma | rket value of all assets at end of year J Accounti | ng method: X Cash | Accr | ual | | | dation is in a 6 | | |
| (fr | om F | | her (specify) | | | | | tion 507(b)(1) | | |
| _ | \$ | 3 , 0 2 1 . (Part I, colu | mn (d) must be on cash t | oasis.) | | | | | | |
| Pa | ırt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | | vestment | (c) | | isted net | (d) Disbu | rsements le purposes |
| | | necessarily equal the amounts in column (a)) | expenses per books | ince | ome | | Inc | ome | | ie purposes isis only) |
| | 1 | Contributions, gifts, grants, etc., received | 17,296. | | | | | | | |
| | 2 | Check fithe foundation is not required to attach Sch. B | | | | | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | | | | | |
| | 4 | Dividends and interest from securities | | | | | | | | |
| | 5a | Gross rents | | | | | | | | |
| | b | Net rental income or (loss) | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | | | |
| e ne | 6a b | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a | | | | | | | | |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | | | 0. | | | ., | | |
| æ | 8 | Net short-term capital gain | | | | | | | | |
| | 9 | Income modifications | | | | | | | | |
| | 10a | Gross sales less returns and allowances | | | • | | | | | |
| | b | Less Cost of goods sold | | | | l | | | | , |
| | C | Gross profit or (loss) | | | | | | | | |
| | 11 | Other income | | | | | | | | |
| | 12 | Total. Add lines 1 through 11 | 17,296. | | 0. | | | 0. | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0. | | 0. | | | 0. | | 0. |
| | 14 | Other employee salaries and wages | | | | | | | | |
| (A) | | Pension plans, employee benefits | | | | | | | | |
| ışe | | Legal fees | | | | F | | DEC | IVED | |
| þe | | Accounting fees | | | | ļ | | nLU | -14 [] | -1= |
| Щ | | Other professional fees | | | | | 5 | 0440 | . 2212 | RS-OS |
| tive | 17 | Interest | | | | | 8 | MAR 2 | <u>1</u> 2012 | - & |
| itra | 18 | Taxes | | | | | { | | | _ ဂိ |
| Operating and Administrative Expenses | 19 | Depreciation and depletion | | | | | | OGDE | N, UT | - |
| Ē | 20 | Occupancy | - | | | <u> </u> | | | ··· () O ! | |
| δ | 21 | Travel, conferences, and meetings | | | | - | | | | |
| ᄪ | 22 | Printing and publications | | | | | | | | |
| ting | 23 | Other expenses | | | | | | | | |
| erat | 24 | Total operating and administrative | 0 | | 0. | | | 0 | | 0 |
| ŏ | 0.5 | expenses. Add lines 13 through 23 | 0. 18,700. | | <u> </u> | | | 0. | 1 | <u>0.</u> 8,700. |
| | ı | Contributions, gifts, grants paid | 10,/00. | | | | | | 1 | 0,700. |
| | 20 | Total expenses and disbursements. Add lines 24 and 25 | 18,700. | | 0. | | | 0. | 1 | 8,700. |
| _ | 27 | Subtract line 26 from line 12: | 10,700. | | <u> </u> | | | | <u>.</u> | <u> </u> |
| | l | | <1,404. | > | | [| | | | |
| | Ι. | Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) | 71/2020 | | 0. | | | | | |
| | l | Adjusted net income (if negative, enter -0-) | | | | | | 0. | | |
| 1235 12-02 | | LHA For Paperwork Reduction Act Notice, see | instructions. | - | | | | | Form 990 | - PF (2011) |

SCANNED MAR S. 9 2012

OWENS GROUP FOUNDATION, INC.

| <u>Fo</u> | m 9 | 00-PF (2011) C/O ROBERT OWENS | <u> </u> | 22-3096419 Page 2 | | | | |
|--|----------|--|--|-------------------|-----------------------|--|--|--|
| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | | Beginning of year | End of | | | | |
| | Υ | Column should be for end-or year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | | | |
| | 1 | Cash - non-interest-bearing | 4,425. | 3,021. | | | | |
| | ı. | Savings and temporary cash investments | | | | | | |
| | 3 | Accounts receivable > | | | | | | |
| | | Less; allowance for doubtful accounts | | | | | | |
| | 4 | Pledges receivable > | | | | | | |
| | _ ا | Less: allowance for doubtful accounts | | | | | | |
| | 5 | Grants receivable | | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | | |
| | _ | disqualified persons | | | | | | |
| | ' | Other notes and loans receivable Less; allowance for doubtful accounts | | - | | | | |
| ' | | Inventories for sale or use | | | | | | |
| Assets | 8 | Prepaid expenses and deferred charges | | | | | | |
| Ass | 9 | Investments - U.S. and state government obligations | | | | | | |
| | 1 | Investments - corporate stock | | | | | | |
| | i | Investments - corporate bonds | | | | | | |
| | l | Investments - land, buildings, and equipment basis | | | | | | |
| | '' | Less accumulated depreciation | , - | ~ | | | | |
| | 12 | Investments - mortgage loans | —————————————————————————————————————— | | | | | |
| | 13 | Investments - other | | | | | | |
| | 14 | | | | | | | |
| | '" | Land, buildings, and equipment basis Less accumulated deprecation | | | | | | |
| | 15 | Other assets (describe | | | | | | |
| | '3 | Other assets (describe > | | | | | | |
| | 16 | Total assets (to be completed by all filers) | 4,425. | 3,021. | 3,021. | | | |
| | 17 | Accounts payable and accrued expenses | | | | | | |
| | 18 | Grants payable | | | | | | |
| Ø | 19 | Deferred revenue | | " | | | | |
| Iţie | 20 | Loans from officers, directors, trustees, and other disqualified persons | | - | ı | | | |
| Liabilities | 21 | Mortgages and other notes payable | | | | | | |
| Ë | 22 | Other liabilities (describe | | | | | | |
| | | | | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | ! | | | |
| _ | | Foundations that follow SFAS 117, check here | | | | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | | | | |
| Çes | 24 | Unrestricted | | | 1 | | | |
| lan | 25 | Temporarily restricted | | | , | | | |
| 89 | 26 | Permanently restricted | | | | | | |
| Fund Balances | | Foundations that do not follow SFAS 117, check here | | | • | | | |
| | | and complete lines 27 through 31. | | | | | | |
| is or | 27 | Capital stock, trust principal, or current funds | 0. | 0. | | | | |
| Net Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | | | | |
| Ä | 29 | Retained earnings, accumulated income, endowment, or other funds | 4,425. | 3,021. | | | | |
| Š | 30 | Total net assets or fund balances | 4,425. | 3,021. | | | | |
| | | | | | | | | |
| | 31 | Total liabilities and net assets/fund balances | 4,425. | 3,021. | | | | |
| P | art | Analysis of Changes in Net Assets or Fund B | alances | | | | | |
| <u>-</u> | Tota | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | | | | |
| | | st agree with end-of-year figure reported on prior year's return) | | 1 | 4,425. | | | |
| | • | r amount from Part I, line 27a | | 2 | <1,404. | | | |
| | | r increases not included in line 2 (itemize) | | 3 | 0. | | | |
| | | lines 1, 2, and 3 | | 4 | 3,021. | | | |
| | | eases not included in line 2 (itemize) | | 5 | 0. | | | |
| - | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 3,021. | | | |
| | | | | | | | | |

123511 12-02-11

| Form 990-PF (2011) C/O | ROBE | RT OWENS | | | | 2 | 2-309 | 6419 | Page 3 |
|--|-----------------|---|--------------------|--------------------------------------|--|---------------------|--|--------------------|-----------------------|
| Part IV Capital Gains | and Lo | sses for Tax on Ir | nvestment | Income | 170371 | | | | |
| | | nd(s) of property sold (e.go or common stock, 200 sh | | | (b) How acquired P - Purchase D - Donation | (c) Date (mo., c | acquired day, yr.) | | te sold lay, yr.) |
| 1a | | | | | | | | | |
| b NO | NE | | | | | | | | |
| _с | | | | | | | | | |
| _d | | | | | | | | | |
| | | | | | | | | | |
| (e) Gross sales price | (f) D | epreciation allowed (or allowable) | | t or other basis xpense of sale | | (e) plu | Sain or (loss) s (f) minus (| g) | |
| _a | | | <u></u> | | | | | | |
| <u>b</u> | ļ | | | | | - | | | |
| <u> </u> | | | | · | | | | | |
| <u>d</u> | | <u>-</u> _ | | | | | | | |
| Consists and for access about | | olume (h) and swood hy | the foundation | on 12/21/60 | | (1) 0 (|)-1 (h) | | |
| Complete only for assets shown | | | | | | | Col. (h) gain i not less than | | |
| (i) F.M.V. as of 12/31/69 | | i) Adjusted basis as of 12/31/69 | | cess of col. (ı) col. (ı), ıf any | | Losses | (from col. (I | 1)) ' | |
| <u>a</u> | | | <u> </u> | | | | | | |
| <u>b</u> | | <u> </u> | | | | | | | |
| <u> </u> | | | | | | | | | |
| <u>d</u> | | | | | | | - | | |
| <u>e</u> | | | | | | | | | |
| 2 Capital gain net income or (net ca | apıtal loss) | If gain, also ente If (loss), enter -0 | | | } 2 | | | | |
| 3 Net short-term capital gain or (lo | ss) as defin | ied in sections 1222(5) ai | nd (6): | | | | | | |
| If gain, also enter in Part I, line 8, | |). | | | , | | | | |
| If (loss), enter -0- in Part I, line 8 | | ection 4940(e) for | . Dadwaad | Toy on Not | J 3 | | | | |
| | | | | | | licome | | | |
| (For optional use by domestic privat | e foundatio | ns subject to the section | 4940(a) tax on | net investment in | icome.) | | | | |
| If section 4940(d)(2) applies, leave t | his part bla | nk. | | | | | | | |
| | | | | | 10 | | | — ,, | च् |
| Was the foundation liable for the sec | | | | • | LIOQ.5 | | | Yes | X No |
| If "Yes," the foundation does not qua 1 Enter the appropriate amount in | | | | | ne | | | | |
| | each coluit | | uctions before | making any entire | | | | (d) | |
| (a) Base period years | , | (b) Adjusted qualifying dis | etributions | Net value of no | (c) ncharitable-use ass | ete | Distrib | (d) ution ratio | (0)) |
| Calendar year (or tax year beginn | ing in) | | | THE VALUE OF THE | | | (col. (b) divi | | 61120 |
| 2010 | | | .8,875. .9,361. | | 4,23 | | | | |
| 2009 | | | | | 3,91 | | | | <u>50396</u> 49230 |
| 2008 | | | 8,671. | | 4,61 | | | | 73071 |
| 2007 | | | 1,873. 7,611. | | 4,78 3,73 | | | | $\frac{73071}{21448}$ |
| 2006 | | | . / , 011 • | | 3,1. | , , , | Γ. | 4./ | <u> </u> |
| O Taket of less 4 column (d) | | | | | | , | | 22 7 | 55265 |
| 2 Total of line 1, column (d) | C waar baa | a parend - douda the total | on line 2 hy E | or by the number | of waara | 2 | | 44.1 | 33403 |
| 3 Average distribution ratio for the | | | on line 2 by 5, | or by the number | ui years | 3 | | 15 | 51053 |
| the foundation has been in existe | 1166 11 1699 | lliali 5 years | | | | | - | 1 .5 | <u> </u> |
| 4 Enter the net value of noncharital | hla uca acc | ate for 2011 from Part V | lina 5 | | | 4 | | 1 | ,517. |
| 4 Enter the net value of noncharital | DIG-USC 455 | CIS IUI ZUTT IIUIII FAILA, | IIIIC J | | | • • | | | , , , , , |
| E. Multiply line 4 by line 2 | | | | | | 5 | | 20 | ,557. |
| 5 Multiply line 4 by line 3 | | | | | | - | | 20 | , , , , , , |
| 6 Enter 1% of net investment incor | ma (1% of I | Part I line 27h) | | | | 6 | | | 0. |
| 6 Litter 1/6 of the timestiment incom | 116 (176 011 | arti, iliic 270) | | | | - | | | |
| 7 Add lines 5 and 6 | | | | | | 7 | | 20 | ,557. |
| , Muu mico J anu V | | - | | | | - | | | , , , , , |
| 8 Enter qualifying distributions froi | m Part YII | line 4 | | | | 8 | | 18 | ,700. |
| If line 8 is equal to or greater that | | | 1h and some | late that nart usin | in a 1% tay rata | | <u> </u> | <u></u> | , |
| See the Part VI instructions. | 11 IIIIG 7, CIR | GUN CHE DUX III FAIL VI, IIII | , iu, anu cump | iote that part usin | y a 1/0 tax late. | | | | |
| | | | | | | | | 000 [| DE (0044) |

OWENS GROUP FOUNDATION, INC.

| _ | m 990-PF (2011) C/O ROBERT OWENS | <u> 22-</u> | 3096 | 419 |) | Page 4 |
|----------|---|-------------|----------|------|-------|---------------------------------|
| Ь. | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 948 | - see II | nstr | ICTIO | ns) |
| 18 | a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | | 1 | | | 0 |
| | of Part I, line 27b | 1 | | | | 0. |
| , | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | 3 | | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | | 0. |
| 6 | Credits/Payments: | | | | | |
| а | 2011 estimated tax payments and 2010 overpayment credited to 2011 6a | | | | | |
| | Exempt foreign organizations - tax withheld at source 6b | | | | | |
| | : Tax paid with application for extension of time to file (Form 8868) | | | | | |
| | I Backup withholding erroneously withheld 6d 6d | | | | | |
| | Total credits and payments. Add lines 6a through 6d | 7 | | | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | • | | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | |
| 11 | Enter the amount of line 10 to be: Credited to 2012 estimated tax | _11 | | | | |
| Pa | art VII-A Statements Regarding Activities | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | ın | | | Yes | No |
| | any political campaign? | | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | d or | | | | |
| | distributed by the foundation in connection with the activities | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | | 1c | | <u>X</u> |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0. | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| | managers. ▶ \$0 . | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | _X_ |
| | If "Yes," attach a detailed description of the activities. | | ļ | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o | Ī | ŀ | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | <u> </u> |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | <u>X</u> |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | N | /A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | - | 5 | | <u>X</u> |
| _ | If "Yes," attach the statement required by General Instruction T | | ŀ | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| | By language in the governing instrument, or By state level the state of the s | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state Property of the square protection of the conflict with the state | iaw | | | 7. | |
| 7 | remain in the governing instrument? | | } | 6 | Х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | • | _7 | | <u>X</u> |
| 0. | If "Yes," complete Part II, col. (c), and Part XV Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | |
| Od | NJ | | | | | |
| . | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | | |
| O | of each state as required by General Instruction G? If "No," attach explanation | ът | /A | 40 | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for cale | | ′ 🔓 · | 8b | | |
| 3 | year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV | iudi | | 9 | | Y |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | | 10 | | $\frac{\mathbf{x}}{\mathbf{x}}$ |
| | 1 1es, august a scriedule institut control during the tax your in 1es, august a scriedule institut their names and addresses | | | 10 | | -41 |

Form **990-PF** (2011)

Form 990-PF (2011)

0

Total number of other employees paid over \$50,000

| Form 990-PF (2011) C/O ROBERT OWENS | 22-3096 | 419 Page 7 |
|--|--------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) | , | - |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of serving | ce | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | <u> </u> | 0 |
| Part IX-A Summary of Direct Charitable Activities | · | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | _ |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount |
| 1 <u>N/A</u> | | |
| | | |
| ^ | | |
| 2 | | |
| | | |
| All other program related investments. Can instructions | | |
| All other program-related investments. See instructions. | | |
| 3 | \dashv | |
| | - | |
| Total. Add lines 1 through 3 | | 0. |
| total rada in local antibugino | | 990-PF (2011) |
| | 1 01111 | (2011) |

22-3096419 Form 990-PF-(2011) C/O ROBERT OWENS Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a 4,586. 1b Average of monthly cash balances c Fair market value of all other assets 1c 4,586. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 4,586. 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 4 4,517 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 6 Minimum investment return Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here

and do not complete this part.) 1 226. Minimum investment return from Part X, line 6 2a Tax on investment income for 2011 from Part VI. line 5 2a 2b Income tax for 2011. (This does not include the tax from Part VI.) c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 0. 226. Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions)

| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | _ | |
|---|--|-----------|-----------------|
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 18,700. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Surtability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 18,700. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 18,700. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | qualifies | for the section |

Form **990-PF** (2011)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2010 | (c) 2010 | (d) 2011 |
|--|---------------|----------------------------|-------------|--|
| 1 Distributable amount for 2011 from Part XI, | | | | |
| line 7 | | | | 226. |
| 2 Undistributed income, if any, as of the end of 2011 | | | | |
| a Enter amount for 2010 only | | | 0. | |
| b Total for prior years: | | | | |
| ,, | | 0. | | |
| 3 Excess distributions carryover, if any, to 2011: | | | | |
| a From 2006 17,428. | | | | |
| b From 2007 21,638. | | | | |
| c From 2008 18,442. | | | : | |
| d From 2009 19,165. | | | | |
| e From 2010 18,663. | | | | |
| f Total of lines 3a through e | 95,336. | | | |
| 4 Qualifying distributions for 2011 from | | | | |
| Part XII, line 4: ► \$ 18,700. | | | | |
| a Applied to 2010, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | , |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2011 distributable amount | | | | 226. |
| e Remaining amount distributed out of corpus | 18,474. | | | |
| Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 113,810. | | | |
| b Prior years' undistributed income. Subtract | - 1 | | | ······································ |
| line 4b from line 2b | | 0. | ' | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2010. Subtract line | | | | · · · · · · · · · · · · · · · · · · · |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2011. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2012 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2006 | 4 = 400 | | | |
| not applied on line 5 or line 7 | 17,428. | | | |
| 9 Excess distributions carryover to 2012. | 06 300 | | | |
| Subtract lines 7 and 8 from line 6a | 96,382. | | | , |
| 0 Analysis of line 9: | 1 | | | |
| a Excess from 2007 21,638. | j | } | | |
| b Excess from 2008 18,442. | | | | |
| c Excess from 2009 19,165. | | | | |
| d Excess from 2010 18,663. e Excess from 2011 18,474. | | | | |
| e Excess from 2011 18,474. | . <u></u> | | | Form QQ0. DF (2011) |

Part XV

| Information | Regarding I | Foundation P | Managers: |
|-------------|-------------|--------------|-----------|
|-------------|-------------|--------------|-----------|

year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

other entity) of which the foundation has a 10% or greater interest.

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here In the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

ROBERT OWENS C/O OWENS GROUP, (201) 568-2300

619 PALISADE AVENUE, ENGLEWOOD CLIFFS, NJ 07632 b The form in which applications should be submitted and information and materials they should include:

LETTER STATING CHARITABLE PURPOSE

c Any submission deadlines:

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

NONE

123601 12-02-11

Form **990-PF** (2011)

| C | 10 | ROBERT | OWENS |
|---|----|--------|-------|
| | | | |

22-3096419 Page 11

| Supplementary information | · · · · · · · · · · · · · · · · · · · | | | |
|---|--|--------------------------------|----------------------------------|-------------|
| 3 Grants and Contributions Paid During the Ye | ear or Approved for Future | Payment | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| | | | | |
| | | | | |
| SCHEDULE ATTACHED | | | TO ACCOMPLISH | |
| VARIOUS | | | CHARITABLE ENDEAVORS | |
| VARIOUS, NJ 07632 | | | | 18,700. |
| | | 1 | | |
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| | | | | |
| | | | | |
| Total | <u> </u> | | ▶ 3a | 18,700. |
| b Approved for future payment | | | | 10,700. |
| | | | | |
| | | | | |
| NONE | | | | |
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| Total | | | ▶ 3b | 0. |
| | | | | |

Form **990-PF** (2011)

| | • | | | |
|------------|--------|-------------|-------------|------------|
| Part XVI-A | Analys | is of Incom | e-Producina | Activities |

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | | uded by section 512, 513, or 514 | (e) | |
|--|---------------------------|--|-----------------------|---------------------------------------|---|--|
| • | (a) Business | (b) Amount | (C) Exclu- sion | | Related or exempt | |
| 1 Program service revenue: | code | AIIIUUIII | code | Amount | function income | |
| a | | · · · · · · · · · · · · · · · · · · · | | | | |
| b | | | <u> </u> | | | |
| C | | | | | | |
| d | | | | | | |
| е | | | | | | |
| f | | | İ | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash | | | | | | |
| investments | | | | | | |
| 4 Dividends and interest from securities | | | 1 | | | |
| i di | | | - | | =**- | |
| 5 Net rental income or (loss) from real estate: | | | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | | | | |
| 6 Net rental income or (loss) from personal | | | l | | | |
| property | | | | | | |
| 7 Other investment income | | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | | |
| than inventory | | | | | | |
| 9 Net income or (loss) from special events | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | |
| 11 Other revenue: | | | | | | |
| | | | | | | |
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| | | | | | | |
| <u> </u> | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 0. | | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 0. | |
| (See worksheet in line 13 instructions to verify calculations.) | | | | · · · · · · · · · · · · · · · · · · · | | |
| Part XVI-B Relationship of Activities to | the Acco | mplishment of Ex | emp | t Purposes | | |
| L'a Na Francisco de la Contraction de la Contrac | | | | | | |
| Line No. Explain below how each activity for which incom | | | contrit | outed importantly to the accom | iplishment of | |
| the foundation's exempt purposes (other than by | y providing fu | ius ior sucii purposes). | | | | |
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| 123621 | | | | | | |
| 12-02-11 | | | | | Form 990-PF (2011) | |

| Exempt Organizations Part XVII | | | | | | | | | | |
|--|---|--------------------------------|--|-----------------|--------------------------------------|-----------------------|---------------------------------------|-----------|-----------|-------|
| | · · | | | (A) = (-1) | | | 504(-) -6 | т— | Voc | No |
| 1 | | | | | ng with any other organization | | on 501(c) of | | Yes | NO |
| | | • | | | 27, relating to political organ | nzations? | | | | |
| a | Transfe | rs from the reporting found | lation to a noncharitab | le exempt or | ganization of: | | | | | |
| | (1) Cas | sh | | | | | | 1a(1) | | X |
| | (2) Oth | er assets | • | | | | | 1a(2) | | X |
| b | Other tr | ansactions: | | | | | | | | |
| | (1) Sal | es of assets to a noncharita | able exempt organizatii | on | | | | 1b(1) | | _X |
| | (2) Pui | chases of assets from a no | oncharitable exempt or | ganization | | | | 1b(2) | , | X |
| | | ntal of facilities, equipment, | | _ | | | | 1b(3) | | X |
| | . , | | | | | | | 1b(4) | | X |
| | (4) Reimbursement arrangements (5) Loans or loan guarantees | | | | | | 1b(5) | | X | |
| | | formance of services or mo | emhershin or fundraisi | ına solicitatio | nns | | | 1b(6) | | X |
| ^ | | of facilities, equipment, ma | • | - | | | | 1c | | X |
| | | | | | edule. Column (b) should alv | wave chow the fair m | arket value of the goods of | | otc | |
| u | | | | | ed less than fair market valu | | | | 1013, | |
| | | (d) the value of the goods, | | | | ic in any transaction | or snaring arrangement, s | 10W III | | |
| (2) | | (b) Amount involved | | | e exempt organization | (d) Description | of transfers, transactions, and s | horing on | | |
| (a)L | ine no | (u) Amount involved | (c) Name of t | | c cacinpt organization | (d) Description | or transfers, transactions, and s | naing ai | angeme | |
| | | | | N/A | | | | | | |
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| 20 | Ic the fe | undation directly or indirec | the affiliated with or re | lated to one | or more tax-exempt organi | zatione described | | | | |
| Za | | on 501(c) of the Code (othe | • | = | · · · | Zations described | | Yes | X | l Nio |
| | | | | 3)) OF III SECT | uon 32 <i>1 r</i> | | | 162 | LAAL | טאו נ |
| b If "Yes," complete the following schedule. | | | (h) Type of organization | T . | a) Deceriation of relationsh | 10 | | | | |
| | | (a) Name of or | yanızanın | | (b) Type of organization | , | c) Description of relationsh | ıμ | | |
| | | N/A | | | | | | | | |
| | | <u> </u> | | | | | | | | |
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| | | <u> </u> | | | | | | | | |
| | | | | | ng accompanying schedules and | | han any knowledge May | the IRS o | liscuss t | his |
| Sig | Sign and belief, it is faue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? | | | | | | # r)? | | | |
| Here X PRESIDENT X Yes | | | | | No | | | | | |
| | 5 | gnature of officer or truster | e | | Date/ | Title | | | | |
| Print/Type preparer's name Preparer's signature Date Check fr PTIN | | | | | | | | | | |
| | | | 1 | 3/2 | self- employed | | | | | |
| Paid TOM LUSTIG | | | | a fal | 1318114 | P00 | 529 | 680 | | |
| Preparer Firm's name ► ELLIOT HOROWITZ & | | | COMPANY, LLP | | Firm's EIN ▶ 13-30 | | | | | |
| Use Only | | | | | | | _ = | | | |
| Firm's address ▶ 675 THIRD AVENUE | | | | | | | | | | |
| | | | | Phone no. 212-9 | 72- | 750 | Λ | | | |
| | NEW YORK, NY 10017 Phone no. 212-972-7500 Form 990-PF (2011) | | | | | | | | | |
| | | | | | | | FOI | III ママU | -r:(/ | 2011) |

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

| | VENS GROUP FOUNDATION, INC. O ROBERT OWENS | 22-3096419 | | | | |
|---|--|------------|--|--|--|--|
| Organization type (check one) | | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II | | | | | | |
| Special Rules | | | | | | |
| 509(a)(1) and 170(t | For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. | | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. | | | | | | |
| Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization
OWENS GROUP FOUNDATION, INC.
C/O ROBERT OWENS

Employer identification number

22-3096419

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed | |
|------------|---|----------------------------|--|
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 | OWENS GROUP LTD. 619 PALISADE AVENUE ENGLEWOOD CLIFFS, NJ 07632 | \$ 9,685. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | OWENS GROUP LTD. 619 PALISADE AVENUE ENGLEWOOD CLIFFS, NJ 07632 | \$7,611. | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$ | Person Payroll Complete Part II if there is a noncash contribution |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 140. | Name, audiess, and Aif + 4 | \$ | Person Payroll Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 140. | Name, add 635, and Eff T T | \$ | Person Payroll Complete Part II if there is a noncash contribution |

Name of organization

OWENS GROUP FOUNDATION, INC.

C/O ROBERT OWENS

Employer identification number

22-3096419

| Part II | Noncash Property (see instructions). Use duplicate copies of Part I | 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 |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |

Name of organization

Employer identification number

OWENS GROUP FOUNDATION, INC.

| /O R | OBERT OWENS | | 22-3096419 | | | |
|---------------------------|---|---|--|--|--|--|
| Part III | Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition. | c., contributions of \$1,000 or less for t | (7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once) | | | |
| (a) No. | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| - | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | (e) Transfer of gift | | | | |
| | Transferee's name, address, ar | Relationship of transferor to transferee | | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| - | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | |
| | | | | | | |
| | | | | | | |

OWENS GROUP FOUNDATION, INC.

SCHEDULE OF CONTRIBUTIONS PAID – CASH BASIS YEAR ENDED DECEMBER 31, 2011

| St. Dominic's | \$ 1,544 |
|--|-----------|
| Office of Concern | - 1,296 |
| Family Promise of Bergen County Camp Lots of Fun | 1,225 |
| CFA | 1,000 |
| Summer Campership Fund | 1,000 |
| Arnold P. Gold Foundation | 750 |
| Inter-Religious Fellowship for the Homeless of Bergen County | 750 |
| Sienna House | 750 |
| Circle of Care | 710 |
| Autism Speaks | - 500 |
| Bergen County Court Appointed Special Advocates | 500 |
| Buddy Ball Sports | 500 |
| Habitat for Humanity of Bergen County | 500 |
| Happiness in Camping | 500 |
| Jawonio | 500 |
| United Hospice of Rockland County | 500 |
| Girl Scouts of Rockland County | 350 |
| Big Brothers Big Sisters | 300 |
| Boys and Girls Club of Garfield | · 300 |
| Children's Therapy Center | 300 |
| Joint Passover Association | 300 |
| VHL Family Alliance | 300 |
| Our Lady of Good Counsel Church | 250 |
| American Cancer Society | 250 |
| Bergen Volunteer Medical Initiative, Inc. | 250 |
| | 250 |
| Community Access Inc Eva's Village ———————————————————————————————————— | 250 |
| Guiding Eyes for the Blind | 250 |
| Making Headway Foundation, Inc. | 250 |
| Meals on Wheels | 250 |
| Mollie and Zack Zicklin Jewish Hospice Residence | 250 |
| Nyack Homeless Shelter | 250 |
| Oasis | . 250 |
| Prevent Child Abuse of NJ | 250 |
| Shelter Our Sisters | 250 |
| Table to Table | 250 |
| The Leukemia and Lymphoma Society | 250 |
| The Lustgarten Foundation | 250 |
| The William B Raub Memorial Foundation | 250 |
| Special Olympics Carbon County | 50 |
| AIDS Walk NY | 25 |
| | • |
| TOTAL | \$ 18,700 |