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SCANNED NOV 2 7 2012

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning JUL 1, 2011 and ending J	IUN 30, 2012	
В	Check if applicable	C Name of organization OWENSBORO COMMUNITY AND TECHNICAL	D Employer identific	cation number
	Addres change	S COLLEGE FOUNDATION, INC.		
Ę	Name change Initial	Doing Business As	}	109704
	return Termin ated	Number and street (or P 0. box if mail is not delivered to street address) Room/suite 4800 NEW HARTFORD ROAD	E Telephone number (270) 686–4507
〒	Amend		G Gross receipts \$	280,223.
〒	Applica		H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·
	pendin		for affiliates?	Yes X No
		4800 NEW HARTFORD RD, OWENSBORO, KY 42303	H(b) Are all affiliates inc	
$\overline{}$	Tax-exe	mpt status: X 501(c)(3)	7 ' '	list. (see instructions)
		e: N/A	H(c) Group exemption	
				State of legal domicile KY
		Summary	or ionnation 1300 N	State of legal doffliche 101
	4	Briefly describe the organization's mission or most significant activities: THE OCTC I	OUNDATTON -	INC. IS A
Activities & Governance	' ;	NONPROFIT CORPORATION FORMED TO SUPPORT THE PU		
na L	2	Check this box F I if the organization discontinued its operations or disposed of more		
Š	3	Number of voting members of the governing body (Part VI, line 1a)	ا و ا	23
ဗိ	1 4	Number of voting members of the governing body (Part VI, line 1a)	4	23
ა გ	-		5	0
ij	5	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)	 -	0
Ž	7-	Total number of volunteers (estimate if necessary)	6	0.
¥	/ a	Total unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990 T, line 34 ECEIVED	7a	0.
_		ver unrelated business taxable income from Form 990;1, line 34*** ()	. 7b	
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	152,855.	241,293.
Š	9	i contain service revenue (i air viii, iiie 29)	0.	0.
æ	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	38,743.	38,930.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and (7e) EN, UT	0.	0.
_	Ti	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	191,598.	280,223.
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)	82,832.	186,439.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
X	Ь	Total fundraising expenses (Part IX, column (D), line 25) 3,145.	24 102	
_	117	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	34,183.	30,209.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	117,015.	216,648.
	19	Revenue less expenses. Subtract line 18 from line 12	74,583.	63,575.
Net Assets or	3		eginning of Current Year	End of Year
SSE	g 20 ·	Total assets (Part X, line 16)	1,898,585.	1,948,541.
et P	21	Total liabilities (Part X, line 26)	1,571.	2,951.
		Net assets or fund balances. Subtract line 21 from line 20	1,897,014.	1,945,590.
	art II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and statem		y knowledge and belief, it is
true	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowledge.	0/00
		Grantin Start Hille	10/2	9/2012
Sig		Signature of officer	Date /	/
He	re	LARRY MILLER, EXECUTIVE DIRECTOR		
_		Type or print name and title	5.1.	
		1 mid 1 ypo proparor 3 marrio 1 reparer 3 signature	Date Check	PTIN
Pai) 9 / 10 / 12 self-employ	
	eparer	Firm's name MYRIAD CPA GROUP, LLC	Firm's EIN	61-1429497
Use	e Only	Firm's address 1735 FREDERICA STREET		
		OWENSBORO, KY 42301	Phone no. 2	70 <u>-691-8981</u>
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Par	t # Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: THE OWENSBORO COMMUNITY AND TECHNICAL COLLEGE FOUNDATION, INC. IS A
	NONPROFIT CORPORATION FORMED TO SUPPORT THE PURPOSES AND PROMOTE THE
	FURTHER DEVELOPMENT OF THE OWENSBORO COMMUNITY AND TECHNICAL COLLEGE.
	THE FOUNDATION'S SUPPORT COMES PRIMARILY FROM INDIVIDUAL DONORS'
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 182,077. including grants of \$ 175,731.) (Revenue \$ 230,399.)
	THE OWENSBORO COMMUNITY AND TECHNICAL COLLEGE FOUNDATION, INC. IS A
	NONPROFIT CORPORATION FORMED TO SUPPORT THE PURPOSES AND PROMOTE THE
	FURTHER DEVELOPMENT OF THE OWENSBORO COMMUNITY AND TECHNICAL COLLEGE.
	THE FOUNDATION'S SUPPORT COMES PRIMARILY FROM INDIVIDUAL DONORS'
	CONTRIBUTIONS.
4b	(Code) (Expenses \$ 4,362. including grants of \$) (Revenue \$)
	OWENSBORO COMMUNITY AND TECHNICAL COLLEGE FOUNDATION, INC. CO-SPONSORED
	A 5K RACE WITH NATIONAL CITY BANK TO RAISE FUNDS FOR THEIR COLLEGE
	GRANTS PROGRAM. IT RAISED \$4,380 OF CONTRIBUTIONS FROM PARTICIPANTS.
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
	,
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\bigsize \) 186,439.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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 III	_8_		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		
	endowments, or 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, VIII, VIII, IX, or X			
	as applicable. ,	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	Part VI	11a	<u> </u>	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	<u> </u>	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	l		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	• · · · · · · · · · · · · · · · · · · ·	۱		v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
102	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' ' ' 	 	A
120	Schedule D, Parts XI, XII, and XIII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		 	1
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? 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	<u> </u>	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 III	19	ļ	X
20a	, , , , , , , , , , , , , , , , , , , ,	20a	<u> </u>	X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Lave	TALLET A	***

Form 990 (2011)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	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 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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	OEL		X
26		25b		
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	0.0		x
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			.,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 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, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		_	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			~~~	

Form 990 (2011)

COLLEGE FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

_	Check if Schedule O contains a response to any question in this Part V	· · · · · · · · · · · · · · · · · · ·			<u> </u>
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	rtable gaming			
	(gambling) winnings to prize winners?		1c		
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	9 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 e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	ount)?	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acc	ounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n? .	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	•	5c		
ва	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organiz	rganization solicit			
	any contributions that were not tax deductible?	_	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or gifts			
_	were not tax deductible?	•	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service if "Yes," did the organization notify the donor of the value of the goods or services provided?	s provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	equirea	7.		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	.	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit confidence of the		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7 <del>1</del>		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any		8		
9	Sponsoring organizations maintaining donor advised funds.	• •			
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		_9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	а			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	а			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	ı	12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				ļ
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. 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	. 1			
	organization is licensed to issue qualified health plans				
140	Enter the amount of reserves on hand	C		<b></b>	v
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," here it filed a Form 730 to report these payments? If "No." provide an explanation in School 10.		14a		_X
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		l

## OWENSBORO COMMUNITY AND TECHNICAL

Form 990 (2011) COLLEGE FOUNDATION, INC.

61-1109704

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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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 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 in Schedule 0			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		_X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		_	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<del></del>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	g,,,	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	,
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
~	exempt status with respect to such arrangements?	16b_		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the second of the second	avallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
00	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza LARRY MILLER $-270-686-4507$	tion: P		
	4800 NEW HARTFORD ROAD, OWENSBORO, KY 42303			
	4000 HIM THATTIOND KONDI OHDHODOKO, KI 45303			

# OWENSBORO COMMUNITY AND TECHNICAL COLLEGE FOUNDATION, INC.

61-1109704

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Form 990 (2011) COLLEGE FOUNDATION, INC. 61-1

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

Employees, and Independent Contractors

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.

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

X Check this box if neither the organizati (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
·	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TERRENCE ASHBY	0.00	,,						•		•
BOARD MEMBER	0.00	X	_					0.	0.	0.
(2) DR. BILL CHANDLER	0.00	x						0.	0.	•
BOARD MEMBER (3) SIM DAVENPORT	0.00	^		-		_		0.	0.	0.
BOARD MEMBER	0.00	X						0.	0.	0.
(4) JEFF CARPENTER	- 0.00	^	-						0.	0.
BOARD MEMBER	0.00	X						0.	0.	0.
(5) BARRY EMBRY	1	╁				-				
CHAIR	0.00	X						0.	0.	0.
(6) JOSEPH A. ESKRIDGE III										
BOARD MEMBER	0.00	X						0.	0.	0.
(7) KAY COOMES										
BOARD MEMBER	0.00	X						0.	0.	0.
(8) MICHAEL FIORELLA										
BOARD MEMBER	0.00	X		<u> </u>				0.	0.	0.
(9) JOHN HAGER									_	
DIRECTOR EMERITUS	0.00	X						0.	0.	0.
(10) BILLY JOE MILES		١								_
DIRECTOR EMERITUS	0.00	X						0.	0.	0.
(11) SHARLA AUSTIN-DARNELL		,,						^		
BOARD MEMBER	0.00	X	-		_			0.	0.	0.
(12) W.M. NORRIS JR.	0.00	\ <b>,</b>						^	_	•
BOARD MEMBER	0.00	X			<u> </u>			0.	0.	0.
(13) DAVID JOHNSON	0.00	l.						0.	^	^
BOARD MEMBER (14) JEFF RICE	0.00	X	<u> </u>	_				0.	0.	0.
BOARD MEMBER	0.00	v						0.	0.	0.
(15) MATT ROBBINS	0.00	<u>^</u>	-			-		0.		0.
TREASURER	0.00	x				1		0.	0.	0.
(16) GREG STRAHAN	1 3330	† <del></del>	$\vdash$		$\vdash$				<u> </u>	
BOARD MEMBER	0.00	$ \mathbf{x} $						0.	0.	0.
(17) JEANNETTE WARD			$\vdash$		$\vdash$					
BOARD MEMBER	0.00	X			1	1		0.	0.	0.

OWENSBORO COMMUNITY AND TECHNICAL COLLEGE FOUNDATION, INC. 61-1109704 Form 990 (2011) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) _ (A) **(B)** (C) (D) (E) (F) Position Average Name and title Reportable Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (describe the organizations compensation hours for organization (W-2/1099-MISC) from the related Highest compensati employee (W-2/1099-MISC) organization tarstee organizations and related ın Schedule organizations O) (18) SCOTT LEWIS 0.00 X 0. 0. 0 BOARD MEMBER (19) SORETTA RALPH 0.00 X 0. 0. 0. BOARD MEMBER (20) TRES SETTLE 0.00 | x0. 0. 0. BOARD MEMBER (21) LOYD ST. JOHN 0. 0.00 | X0. 0. BOARD MEMBER (22) KELLY THURMAN 0. 0.00 X 0. JUDGE EXECUTIVE 0. (23) DR. JIM KLAUBER 0.00 X 0. 0 0. PRESIDENT (24) LARRY MILLER 0.00 | x0. 0 0. EXECUTIVE DIRECTOR (25) BERNADETTE TOYE HALE 0.00 X 0. 0 0. DIRECTOR OF PUBLIC RELATIO Ō. 0. 0. 1b Sub-total Ó. 0. 0. c Total from continuation sheets to Part VII, Section A 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

	(A)		(B)	(C)
	Name and business address	NONE	Description of services	Compensation
	•			
-				<del></del>
				<del> </del>
2	Total number of independent contractors (including bu	ut not limited to those	listed above) who received more than	
	\$100,000 of compensation from the organization	0	•	

Form 990 (2011)

Statement of Revenue Part VIII (D) Revenue (B) (A) (C) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a Membership dues 1b Fundraising events 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 241,293. similar amounts not included above Noncash contributions included in lines 1a-1f \$ 241,293. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 38,930. 38,930. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ __ contributions reported on line 1c). See Part IV, line 18 b Less: diréct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses  $\triangleright$ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 280,223. Ó. 38,930. Total revenue. See instructions

Form 990 (2011)

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question in thi	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	186,439.	186,439.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22		<u> </u>		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				. <u> </u>
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 section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management .	20,245.		17,100.	3,145.
b	Legal				
C	Accounting				
d	Lobbying .				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	9,964.		9,964.	
9	Other		-		
12	Advertising and promotion .				
13	Office expenses				
14	Information technology .				
15	Royalties				
16	Occupancy				
17	Travel		<del></del>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				· · · · ·
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а					
b					
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	216,648.	186,439.	27,064.	3,145.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011)
Part X Balance

Pa	rt X	Balance Sheet		= =		
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		202,905.	1	205,755.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	18,205.	3	9,000.	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors,	trustees, key			
		employees, and highest compensated employees. Com of Schedule L	plete Part II		5	
	6	Receivables from other disqualified persons (as defined	under section			man manananan manananan
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), a				
		employers and sponsoring organizations of section 501	-			
		employees' beneficiary organizations (see instructions)	(O)(O) VOIGITEM y	İ	6	
ets	7	Notes and loans receivable, net		15,839.	7	14,357.
Assets	8	Inventories for sale or use		25/555	8	11,00.0
•	9	Prepaid expenses and deferred charges			9	
	1	Land, buildings, and equipment: cost or other				
	'	basis. Complete Part VI of Schedule D 10a				
	Ь	Less: accumulated depreciation 10b		1 1	10c	
	11	Investments - publicly traded securities		1,651,636.	11	1,684,588.
	12	Investments - other securities. See Part IV, line 11		2,002,000	12	1,001,000
	13	Investments - program-related. See Part IV, line 11	••		13	
	14	Intangible assets	••		14	
	15	Other assets. See Part IV, line 11	•	10,000.	15	34,841.
	16	Total assets. Add lines 1 through 15 (must equal line 34	 1)	1,898,585.	16	1,948,541.
	17	Accounts payable and accrued expenses	·/	1,571.	17	2,951.
	18	Grants payable		18		
	19	Deferred revenue			19	······································
	20	Tax-exempt bond liabilities			20	· · · · · ·
Ø	21	Escrow or custodial account liability. Complete Part IV of	f Schedule D		21	······································
Liabilities	22	Payables to current and former officers, directors, truste				
api		highest compensated employees, and disqualified personal				
=		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated thin	d parties		23	<del>-</del> ··
	24	Unsecured notes and loans payable to unrelated third p	•		24	
	25	Other liabilities (including federal income tax, payables t		,		
		parties, and other liabilities not included on lines 17-24).				
		Schedule D		·	25	
	26	Total liabilities. Add lines 17 through 25	·	1,571.	26	2,951.
		Organizations that follow SFAS 117, check here	X and complete		"	· // // // // // // // // // // // // //
S		lines 27 through 29, and lines 33 and 34.	•			
ğ	27	Unrestricted net assets		108,649.	27	90,640.
gala	28	Temporarily restricted net assets		170,352.	28	201,974.
D E	29	Permanently restricted net assets	1,618,013.	29	1,652,976.	
Ē		Organizations that do not follow SFAS 117, check he				
ō		complete lines 30 through 34.			1	
ets	30	Capital stock or trust principal, or current funds			30	
\ss	31	Paid-in or capital surplus, or land, building, or equipmen	t fund		31	·
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, o			32	
Ž	33	Total net assets or fund balances		1,897,014.	33	1,945,590.
	34	Total liabilities and net assets/fund balances		1,898,585.	34	1,948,541.

## OWENSBORO COMMUNITY AND TECHNICAL COLLEGE FOUNDATION. INC.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

-orm	1990 (2011) COLLEGE FOUNDATION, INC.	OI.	-1109/04	Pa	age 12
Pa	T XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	28	0 2	223.
2		2			48
	Total expenses (must equal Part IX, column (A), line 25)			<del></del> -	75.
3	Revenue less expenses. Subtract line 2 from line 1	3_		<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,89		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			99.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,94	<u>5,5</u>	90.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	<del></del> i		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	-	2a	ĺ	X
b			2b	X	
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule (	o		-
d			1		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	nale Aı	ıdıt	ĺ	1
	Act and OMB Circular A-133?		3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au			
				1	

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

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

OWENSBORO COMMUNITY AND TECHNICAL

Open to Public Inspection

Employer identification number

61-1109704 COLLEGE FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. __ Type I b Type II c Type III - Functionally integrated d Type III · Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vil) Amount of organization organization in col in col. (i) listed in your organization in col organization organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

Schedule A (Form 990 or 990-EZ) 2011 COLLEGE FOUNDATION, INC.

61-1109704 Page 2

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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	,					
	membership fees received. (Do not						
	include any "unusual grants.")	135,609.	73,317.	97,025.	152,855.	241,293.	700,099.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	135,609.	73,317.	97,025.	152,855.	241,293.	700,099.
	The portion of total contributions	, , , , , , , , , , , , , , , , , , , ,		,		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ū	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,			j			
	column (f)						
	•••	·····	***************************************	*******************************		***************************************	700 000
	Public support. Subtract line 5 from line 4 ction B. Total Support	f					700,099.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008 73,317.	(c) 2009 97,025.	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	135,609.	13,317.	97,025.	152,855.	241,293.	700,099.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	41 272	000004	100 000			
	and income from similar sources	-41,370.	-233894.	180,000.	266,581.	23,931.	195,248.
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 IV.)						
11	Total support. Add lines 7 through 10				, ,	. , -	895,347.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x vear as a section	n 501(c)(3)	
	organization, check this box and stor				•		▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2011 (			olumn (f))		14	78.19 %
	Public support percentage from 2010			\","		15	82.62 %
	33 1/3% support test - 2011. If the	•	•	i line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies					,	<b>▶</b> X
ь	33 1/3% support test - 2010. If the		•		line 15 is 33 1/3%	or more check th	
	and stop here. The organization qual					. 5. 11.5.5, 5.1.55	<b>▶</b> □
17a		, ,			13 16a or 16h a	and line 1/1 to 1/10/4	or more
	'a 10% -facts-and-circumstances test - 2011. 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						ıı∠a(IU(I
<b>j.</b>		-	•		-	Ta and line 45 :-	10% 0*
	10% -facts-and-circumstances tes						
	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						
10							
10	Private foundation. If the organization	on did not check a	DOX ON HITE 13, 168	1, 100, 1/8, 07 1/0		nd see instruction	

# Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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.)

Se	etion A. Public Support	Story process som	pioto i art my				
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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 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	<u> </u>	<b></b>				
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
<u>Se</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)   First five years. If the Form 990 is for	the organization	e first second the	rd fourth or fifth *	1	on 501/o)/3\ arac=i=	ention
. •	check this box and stop here	ine organization	a mai, accond, till	o, iourni, or mili t	an year as a secti	on our (c)(o) organiz	auon,
Se	ction C. Computation of Publ	ic Support Pe	ercentage			<del></del>	
	Public support percentage for 2011 (I			column (fl)		15	%
16						16	%
Se	ction D. Computation of Inve						-
17	Investment income percentage for 20	11 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2010 Schedule A,	Part III, line 17			18	%
198	33 1/3% support tests - 2011. If the	/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not					7 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
t	b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

OWENSBORO COMMUNITY AND TECHNICAL COLLEGE FOUNDATION, INC.

Employer identification number 61-1109704

Pat	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, line	e 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds					
-	are the organization's property, subject to the organization's	_	Yes No					
6		_	ed only					
_	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
	Impermissible private benefit?							
Pa		ganization answered "Yes" to Form 990, Part	IV, line 7.					
1	Purpose(s) of conservation easements held by the organizat							
	Preservation of land for public use (e.g., recreation or		cally important land area					
	Protection of natural habitat	Preservation of a certified						
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last					
	day of the tax year.							
	,		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements	·	2b					
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c					
d	Number of conservation easements included in (c) acquired	• •						
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax					
	year ▶	,	•					
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the pe							
	violations, and enforcement of the conservation easements i		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements durin	ig the year ▶					
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$					
8	Does each conservation easement reported on line 2(d) abor							
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for					
	conservation easements.							
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	er Similar Assets.					
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	t and balance sheet works of art,					
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIV,					
	the text of the footnote to its financial statements that descri	ibes these items.						
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts					
	relating to these items:							
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$					
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$					
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	ain, provide					
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:							
а	Revenues included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	. ▶ \$					
b	Assets included in Form 990. Part X	·	<b>▶</b> \$					

## OWENSBORO COMMUNITY AND TECHNICAL

COLLEGE FOUNDATION, INC. 61-1109704 Page 2 Schedule D (Form 990) 2011 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? __ Yes **b** If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 1c 1d Additions during the year Distributions during the year 1e 1f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 1,618,013 1,357,515 1,192,187 23,097 Contributions 2,693 -4,176 21,830. c Net investment earnings, gains, and losses 261,820. 173,134. d Grants or scholarships e Other expenditures for facilities and programs Administrative expenses 9.964 4,015. f 3,630. g End of year balance 1,652,976. 1,618,013. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment **b** Permanent endowment ▶ Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other (c) Accumulated (d) Book value (b) Cost or other basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

0.

OWENSBORO COMMUNITY AND TECHNICAL COLLEGE FOUNDATION, INC. 61-1109704_ Page 3 Schedule D (Form 990) 2011 Part XII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) 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) **(l)** Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value (1)(2) (3)(4) (5) (6) (7) (8) (9) (10)Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4)

(5) (6) (7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) 

(a) Description of liability (b) Book value (1) Federal income taxes (2)

(3)(4) (5) (6) (7) (8) (9)(10)

Part X Other Liabilities. See Form 990, Part X, line 25.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 15.

FIN 48 (ASC 740)

OWENSBORO COMMUNITY AND TECHNICAL COLLEGE FOUNDATION. INC.

Sche	dule D (Form 990) 2011 COLLEGE FOUNDATION, INC.				109704 Page 4
Pa	TXI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		. 1		280,223.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		216,648.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		63,575.
4	Net unrealized gains (losses) on investments		4	_	-14,999.
5	Donated services and use of facilities		. 5		
6	Investment expenses .		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)	•	8		
9	Total adjustments (net). Add lines 4 through 8	•	9		-14,999.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar		10	<del>-</del>	48,576.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements	•		1	280,223.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments .	2a			
b	Donated services and use of facilities	2b			
¢	Recoveries of prior year grants .	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	280,223.
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		] [	
b	Other (Describe in Part XIV.)	4b		]	
¢	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<del></del>	5	280,223.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per	Retur	
1	Total expenses and losses per audited financial statements			1	231,647.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		]	
b	Prior year adjustments	2b		]	
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	14,999.	]	
e	Add lines 2a through 2d			2e	14,999.
3	Subtract line 2e from line 1			3	216,648.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				· <u>- · · · · · · · · · · · · · · · · · ·</u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		]	
c	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	216,648.
Pa	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines 1a	and 4; Part IV, lines 1	b and 2b	; Part V, line 4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this p	art to provide any add	ditional ir	nformation.
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:				
<b></b>					1.4.000
NE'	UNREALIZED LOSS ON INVESTMENTS				14,999.
			· · · · · · · · · · · · · · · · ·		- <del>-</del>
	•		· · · · · · · · · · · · · · · · · · ·		<del> </del>
			<del></del>		

% × **Employer identification number** 61 - 1109704THE FOUNDATION SUPPORTS OMB No 1545-0047 Open to Public Inspection (h) Purpose of grant THE COLLEGE FACULTY or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any reciplent that received more than \$5,000. Check this box if no one reciplent received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization

(a) Amount of a Amount of received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of recash assistance or government assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ٥. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 186,439 OWENSBORO COMMUNITY AND TECHNICAL 501(C)(3) INC COLLEGE FOUNDATION 61-1320380 **General Information on Grants and Assistance** criteria used to award the grants or assistance? 1 (a) Name and address of organization OWENSBORO COMMUNITY AND TECHNICAL COLLEGE - 4800 NEW HARTFORD RD -Name of the organization OWENSBORO, RY 42303 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part #

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2011)

: : : :

i

COLLEGE FOUNDATION, INC.

Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part ##

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. FUNDING, PURCHASE OF EQUUIPMENT, FUNDING PUBLIC RELATIONS, STUDENT LOANS THE FOUNDATION SUPPORTS THE COLLEGE FACULTY EDUCATION, COLLEGE ACTIVITY (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of OWENSBORO COMMUNITY AND TECHNICAL COLLEGE recipients NAME OF ORGANIZATION OR GOVERNMENT: PART II, LINE 1, COLUMN (H): (a) Type of grant or assistance AND STUDENT SCHOLARSHIPS. Schedule I (Form 990) (2011)

#### SCHEDULE.O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OWENSBORO COMMUNITY AND TECHNICAL COLLEGE FOUNDATION, INC.

**Employer identification number** 61-1109704

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FURTHER DEVELOPMENT OF THE OWENSBORO COMMUNITY AND TECHNICAL COLLEGE.
THE FOUNDATION'S SUPPORT COMES PRIMARILY FROM INDIVIDUAL DONORS'
CONTRIBUTIONS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONTRIBUTIONS.
FORM 990, PART VI, SECTION B, LINE 11: 990 IS REVIEWED BY THE EXECUTIVE
DIRECTOR
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
TERRENCE ASHBY - 196 GREEN MEADOWS DRIVE, DEAVER DAM, KY 42320
DR. BILL CHANDLER - 3295 HIGHWAY 142, PHILPOT, KY 42366
SIM DAVENPORT - 4434 WILDERNESS TRACE, OWENSBORO, KY 42303
JEFF CARPENTER - 516 FORD AVENUE, OWENSBORO, KY 42301
BARRY EMBRY - 4748 WATER WHEEL WAY, OWENSBORO, KY 42303
JOSEPH A. ESKRIDGE III - 753 ROSE HURST WAY, LEXINGTON, KY 40515
KAY COOMES - 2382 HEARTLAND PARK, OWENSBORO, KY 42303
MICHAEL FIORELLA - 1920 EATON AVENUE, OWENSBORO, KY 42301
JOHN HAGER"- 12 STONE CREEK PARK, OWENSBORO, KY 42303
BILLY JOE MILES - 1661 BARCLAY AVE., OWENSBORO, KY 42303
SHARLA AUSTIN-DARNELL - 180 MURPHY ROAD, OWENSBORO, KY 42301
W.M. NORRIS JR 6321 SUTHERLIN LANE. UTICA, KV 42376

Schedule O (Form 990 or 990-EZ)			Page 2
	NSBORO COMMUNITY AND TECLEGE FOUNDATION, INC.	HNICAL	Employer identification number 61-1109704
DAVID JOHNSON - 2	249 CANONERO LOOP, OWENS	SBORO, KY 42301	
JEFF RICE - 10710	NALLEY ROAD, UTICA, KY	42376	
MATT ROBBINS - 35	29 ASHLAWN DRIVE, OWENSE	30RO, KY 42301	
GREG STRAHAN - 66	53 WATERFORD PLACE, OWEN	NSBORO, KY 42303	
JEANNETTE WARD -	2901 WESTERN PARKWAY, OW	VENSBORO, KY 4230	1
SCOTT LEWIS - 271	O SETTLES ROAD, OWENSBOR	RO, KY 42301	
SORETTA RALPH - 1	281 N. STATE HWY. 81, CA	ALHOUN, KY 42327	
TRES SETTLE - 283	MAIN STREET, CALHOUN, H	KY 42327	
LOYD ST. JOHN - 4	165 TANBARK PLACE, OWENS	SBORO, KY 42303	
KELLY THURMAN - 6	43 BARRETT HILL ROAD, L	IVERMORE, KY 4235	52
DR. JIM KLAUBER -	4132 FOX RUN LANE, OWEN	ISBORO, KY 42303	·
LARRY MILLER - 42	05 SPRING BANK DRIVE, OV	VENSBORO, KY 4230	13
BERNADETTE TOYE H	ALE - 4020 HORSESHOE TRA	ACE, OWENSBORO, K	XY 42303
FORM 990, PART XI	, LINE 5, CHANGES IN NET	C ASSETS:	
NET UNREALIZED LO	SSES ON INVESTMENTS:		-14,999.
<del></del>			
······			