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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2012****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,  
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
at the end of the year may use this form.

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

**A** For the 2012 calendar year, or tax year beginning July 1, 2012, and ending June 30, 2013**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

Coshocton CARES College Access Program

43-2108283

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

1207 Cambridge Road

City or town, state or country, and ZIP + 4

Coshocton, Ohio 43812

**D** Employer identification number

43-2108283

**E** Telephone number

740-622-1901

**F** Group Exemption  
Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not  
required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally  
not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if  
the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,  
line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

|         |                                                                                                                                                  |                                                                                                                                                                                                            |            |           |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| Revenue | 1                                                                                                                                                | Contributions, gifts, grants, and similar amounts received                                                                                                                                                 | 1          | 23,300.00 |
|         | 2                                                                                                                                                | Program service revenue including government fees and contracts                                                                                                                                            | 2          |           |
|         | 3                                                                                                                                                | Membership dues and assessments                                                                                                                                                                            | 3          |           |
|         | 4                                                                                                                                                | Investment income                                                                                                                                                                                          | 4          | 36.72     |
|         | 5a                                                                                                                                               | Gross amount from sale of assets other than inventory                                                                                                                                                      | 5a         |           |
|         | b                                                                                                                                                | Less: cost or other basis and sales expenses                                                                                                                                                               | 5b         |           |
|         | c                                                                                                                                                | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                    | 5c         | -0-       |
|         | 6                                                                                                                                                | Gaming and fundraising events                                                                                                                                                                              |            |           |
|         | a                                                                                                                                                | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                      | 6a         |           |
|         | b                                                                                                                                                | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b         |           |
|         | c                                                                                                                                                | Less: direct expenses from gaming and fundraising events                                                                                                                                                   | 6c         |           |
|         | d                                                                                                                                                | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                         | 6d         | -0-       |
|         | 7a                                                                                                                                               | Gross sales of inventory, less returns and allowances                                                                                                                                                      | 7a         |           |
|         | b                                                                                                                                                | Less: cost of goods sold                                                                                                                                                                                   | 7b         |           |
|         | c                                                                                                                                                | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                             | 7c         |           |
|         | 8                                                                                                                                                | Other revenue (describe in Schedule O)                                                                                                                                                                     | 8          |           |
|         | 9                                                                                                                                                | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                              | 9          | 23,336.72 |
|         | 10                                                                                                                                               | Grants and similar amounts paid (list in Schedule O)                                                                                                                                                       | 10         |           |
|         | 11                                                                                                                                               | Benefits paid to or for members                                                                                                                                                                            | 11         |           |
|         | 12                                                                                                                                               | Salaries, other compensation, and employee benefits                                                                                                                                                        | 12         | 32,353.00 |
|         | 13                                                                                                                                               | Professional fees and other payments to independent contractors                                                                                                                                            | 13         | 225.00    |
| 14      | Occupancy, rent, utilities, and maintenance                                                                                                      | 14                                                                                                                                                                                                         | 435.00     |           |
| 15      | Printing, publications, postage, and shipping                                                                                                    | 15                                                                                                                                                                                                         | 1,057.67   |           |
| 16      | Other expenses (describe in Schedule O)                                                                                                          | 16                                                                                                                                                                                                         | 11,251.388 |           |
| 17      | <b>Total expenses.</b> Add lines 10 through 16                                                                                                   | 17                                                                                                                                                                                                         | 45,322.05  |           |
| 18      | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | 18                                                                                                                                                                                                         | -21,985.33 |           |
| 19      | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19                                                                                                                                                                                                         | 48,691.57  |           |
| 20      | Other changes in net assets or fund balances (explain in Schedule O)                                                                             | 20                                                                                                                                                                                                         |            |           |
| 21      | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          | 21                                                                                                                                                                                                         | 26,706.24  |           |

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**Part II**   **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

|    |                                                                                                     | (A) Beginning of year | (B) End of year |
|----|-----------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 | Cash, savings, and investments . . . . .                                                            | 48,691.57             | 22 26,706.24    |
| 23 | Land and buildings . . . . .                                                                        |                       | 23              |
| 24 | Other assets (describe in Schedule O) . . . . .                                                     |                       | 24              |
| 25 | <b>Total assets</b> . . . . .                                                                       | 48,691.57             | 25 26,706.24    |
| 26 | <b>Total liabilities</b> (describe in Schedule O) . . . . .                                         |                       | 26              |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 48,691.57             | 27 26,706.24    |

|                 |                                                                                         |
|-----------------|-----------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Statement of Program Service Accomplishments</b> (see the instructions for Part III) |
|-----------------|-----------------------------------------------------------------------------------------|

Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? to assist with and encourage college enrollment

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

|    |                                                                                                    |     |
|----|----------------------------------------------------------------------------------------------------|-----|
| 28 |                                                                                                    |     |
|    |                                                                                                    |     |
|    |                                                                                                    |     |
|    |                                                                                                    |     |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/> | 28a |
| 29 |                                                                                                    |     |
|    |                                                                                                    |     |
|    |                                                                                                    |     |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/> | 29a |
| 30 |                                                                                                    |     |
|    |                                                                                                    |     |
|    |                                                                                                    |     |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/> | 30a |
| 31 | Other program services (describe in Schedule O) . . . . .                                          |     |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/> | 31a |
| 32 | <b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ▶                      | 32  |

|                |                                                                                                                                          |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>List of Officers, Directors, Trustees, and Key Employees</b> List each one even if not compensated (see the instructions for Part IV) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------|

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes        | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                                                                                                                                    | <b>33</b>  | ✓  |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .                                                                                                                                                                             | <b>34</b>  | ✓  |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .                                                                                                                                                                                                                                                  | <b>35a</b> | ✓  |
| <b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                              | <b>35b</b> | ✓  |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .                                                                                                                                                                                                                        | <b>35c</b> | ✓  |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                                                                                                                                                                                                      | <b>36</b>  | ✓  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____                                                                                                                                                                                                                                                                                                                                 |            |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                           | <b>37b</b> | ✓  |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .                                                                                                                                                                                                          | <b>38a</b> | ✓  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                                                                                                                              | <b>38b</b> |    |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                          |            |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                            | <b>39a</b> |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                                   | <b>39b</b> |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____                                                                                                                                                                                                                                                                        |            |    |
| <b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                                                                                                                  | <b>40b</b> | ✓  |
| <b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____                                                                                                                                                                                                                                                 |            |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____                                                                                                                                                                                                                                                                                                                   |            |    |
| <b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                                                                                                                                 | <b>40e</b> | ✓  |
| <b>41</b> List the states with which a copy of this return is filed ▶ _____                                                                                                                                                                                                                                                                                                                                                                                |            |    |
| <b>42a</b> The organization's books are in care of ▶ _____ Telephone no. ▶ _____<br>Located at ▶ _____ ZIP + 4 ▶ _____                                                                                                                                                                                                                                                                                                                                     |            |    |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country: ▶ _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | <b>42b</b> | ✓  |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .<br>If "Yes," enter the name of the foreign country: ▶ _____                                                                                                                                                                                                                                                                             | <b>42c</b> | ✓  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____                                                                                                                                                                                |            |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                                    | <b>44a</b> | ✓  |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                               | <b>44b</b> | ✓  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                                                                                                                                  | <b>44c</b> | ✓  |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                     | <b>44d</b> | ✓  |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                                                                               | <b>45a</b> | ✓  |
| <b>45b</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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .                                                                                                                                                                                    | <b>45b</b> | ✓  |

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

|           | Yes | No                                  |
|-----------|-----|-------------------------------------|
| <b>46</b> |     | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

- 47** 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 . . . . .

|           | Yes | No                                  |
|-----------|-----|-------------------------------------|
| <b>47</b> |     | <input checked="" type="checkbox"/> |

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

|           |  |                                     |
|-----------|--|-------------------------------------|
| <b>48</b> |  | <input checked="" type="checkbox"/> |
|-----------|--|-------------------------------------|

- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

|            |  |                                     |
|------------|--|-------------------------------------|
| <b>49a</b> |  | <input checked="" type="checkbox"/> |
|------------|--|-------------------------------------|

- b** If "Yes," was the related organization a section 527 organization? . . . . .

|            |  |                                     |
|------------|--|-------------------------------------|
| <b>49b</b> |  | <input checked="" type="checkbox"/> |
|------------|--|-------------------------------------|

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |

- f** Total number of other employees paid over \$100,000 . . . . . ▶

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

- d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                  |                                                                                                          |                     |
|------------------|----------------------------------------------------------------------------------------------------------|---------------------|
| <b>Sign Here</b> | Signature of officer  | Date <b>11/5/13</b> |
|                  | <b>Gary L. Lowe</b> Treasurer<br>Type or print name and title                                            |                     |

|                               |                            |                      |      |                                                 |      |
|-------------------------------|----------------------------|----------------------|------|-------------------------------------------------|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name ▶              | Firm's EIN ▶         |      |                                                 |      |
|                               | Firm's address ▶           | Phone no ▶           |      |                                                 |      |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

Coshocton CARES College Access Program

Employer identification number

43 210828

**Part I 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)**.
- 4 ☐ 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 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 9 ☐ 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)**.
- 11 ☐ 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.
- a ☐ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—Non-functionally integrated
- 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).
- f 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 ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                             | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                                  |
| (A)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| (B)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| (C)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| (D)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| (E)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| Total                              |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                          | (a) 2008    | (b) 2009    | (c) 2010    | (d) 2011    | (e) 2012    | (f) Total    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  | \$48,586.00 | \$63,383.53 | \$40,800.00 | \$22,369.56 | \$23,300.00 | \$198,439.09 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |             |             |             |             |             |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        | \$48,586.00 | \$63,383.53 | \$40,800.00 | \$22,369.56 | \$23,300.00 | \$198,439.09 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |             |             |             |             |             |              |
| <b>6 Public support.</b> Subtract line 5 from line 4. . . . .                                                                                                                                                          |             |             |             |             |             | \$198,439.09 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                            | (a) 2008    | (b) 2009    | (c) 2010    | (d) 2011    | (e) 2012    | (f) Total                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                   | \$48,586.00 | \$63,383.53 | \$40,800.00 | \$22,369.56 | \$23,300.00 | \$198,439.09                        |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                        | \$216.18    | \$90.28     | 98.55       | 69.56       | 36.72       | 511.29                              |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                    |             |             |             |             |             |                                     |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                                                                      |             |             |             |             |             |                                     |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                |             |             |             |             |             | \$198,950.29                        |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                      |             |             |             |             | 12          |                                     |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |             |             |             |             |             | <input checked="" type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|
| <b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                           | <b>14</b>                | 100 % |
| <b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                 | <b>15</b>                | 100 % |
| <b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                           | <input type="checkbox"/> |       |
| <b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                        | <input type="checkbox"/> |       |
| <b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    | <input type="checkbox"/> |       |
| <b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . | <input type="checkbox"/> |       |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                               | <input type="checkbox"/> |       |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                             | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                               |          |          |          |          |          |           |
| <b>2</b> 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 . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                     |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .                                                                                                                                                                                            |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .                                                                               |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .                                                                                                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .                                                                                   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .                                                                                                               |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .                                                                                                                                                                |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

|                                                                                                          |           |   |
|----------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                            |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . .                                                                                                                                                                                                                                                                              | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . .                                                                                                                                                                                                                                                                                                     | <b>18</b> | % |
| <b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2012.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>         |           |   |
| <b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>                                                                                                                                                                                                                        |           |   |

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area for supplemental information with horizontal dashed lines.

## 2012-2013 Expenditures

|                                              |                 |
|----------------------------------------------|-----------------|
| Payroll Director/ Advisors                   | \$32,350        |
| Mileage Reimbursements                       | \$ 1,300        |
| Cell Phone Expenses                          | \$ 450          |
| College Visits                               | \$ 2,700        |
| College Fair                                 | \$ 1,000        |
| Other Programming                            | \$ 500          |
| EXPLORE/PLAN Testing/Student Tracker Project | \$ 5,000        |
| Professional Memberships                     | \$ 250          |
| Professional Meetings                        | \$ 200          |
| Liability Insurance                          | \$ 750          |
| Postage                                      | \$ 50           |
| Advertising                                  | \$ 250          |
| Office Supplies and Printing Expenses        | \$ 250          |
| <b>Total Expenses</b>                        | <b>\$45,000</b> |

## 2013-2014 Projected Income

|                                |                 |
|--------------------------------|-----------------|
| <b>Balance on Hand</b>         | <b>\$26,700</b> |
| <b>Grants:</b>                 |                 |
|                                | \$1000          |
|                                | \$6600          |
| <b>School Partnerships:</b>    |                 |
|                                | \$2,500         |
|                                | \$2,500         |
|                                | \$2,500         |
|                                | \$2,500         |
|                                | \$1,000         |
| <b>Business Partnerships:</b>  |                 |
| Clows                          | \$1,500         |
| Jones Metal Products           | \$1,500         |
| <b>Organizational Support:</b> |                 |
|                                | \$ 500          |
|                                | \$ 300          |
|                                | \$ 700          |
| <b>Projected Total</b>         | <b>\$49,800</b> |

## **2012-2013 Coshocton C.A.R.E.S. Financial Report**

**Balance On-Hand as of July 1, 2012**                      **\$40,000**

### **2012-2013 Income Received**

**Grants:**

\$1000  
\$1000  
\$4000  
\$5000

**School Partnerships:**

\$2,500  
\$2,500  
\$2,500  
\$2,500  
\$1,000

**Business Partnerships:**

\$1,500  
\$1,500

**Organizational Support:**

\$ 500  
\$ 300  
\$ 590  
\$ 300

**Income Received**                      **\$26,690**

**Total**                                      **\$66,690**

## **ACT EXPLORE/PLAN Testing**

- **ACT/EXPLORE Testing / 8<sup>th</sup> Grade Students**

|            |                            |
|------------|----------------------------|
| Coshocton  | 101 students tested        |
| Ridgewood  | 93 students tested         |
| River View | <u>119</u> students tested |

**Total Tested    313**

- **ACT/PLAN    Testing / Freshmen Students**

|            |                            |
|------------|----------------------------|
| Coshocton  | 104 students tested        |
| River View | <u>133</u> students tested |

**Total Tested    237**

\* Ridgewood    (Will be testing this group as sophomores next year)

- **2012-2013 ACT Test Completions (Seniors)**

**Total Students Tested    133**

## College Access Highlights

The 2012-13 school year was filled with many successes and accomplishments. This report will outline many of these and examine both the current and future financial situation of the organization. The program is continually looking for additional funding opportunities. Many grants utilized in past years are no longer available, so new sources need to be found for the program to continue to exist. One such opportunity became a reality when Coshocton C.A.R.E.S. became a United Way Partner. This partnership and funding will help a great deal, but not completely solve our funding issues.

The organization will have free access to WEST this next school year. WEST is a Web-Enabled Student Tracking program. This data base allows us to better track students served and program data. Data collected can then be used when writing future grants. This was made possible through a Great Lakes Grant Writing series attended by the Director, Brian Crilow, Advisors Lynn Hill and Nancy Hatem and School Counselors Darcy Gordon and Ken Stocker. The cost of the program had become too expensive this past school for the organization to afford, As Coshocton C.A.R.E.S. Director, I will continue to seek other opportunities throughout the year to allow the program to serve our local schools, students and parents with free career and college access advisory assistance and programming.

### Student/Parent Contacts

The numbers below reflect program contact data collected and reported by each Coshocton C.A.R.E.S. Advisor and logged by the Director. This total includes the number of student/parent contacts both in individual and group college access advisory sessions. Other contact activities included the sponsorship of the 2011 Coshocton County College Fair, three (3) Financial Aid Workshops, a FAFSA Assistance Night, and 14 campus visits to area colleges.

|                  | Career Center | Coshocton               | Ridgewood | River View | Total      |
|------------------|---------------|-------------------------|-----------|------------|------------|
| Aug / Sept / Oct | 561           | 211                     | 208       | 546        | 1526       |
| Nov / Dec        | 306           | 405                     | 213       | 457        | 1381       |
| Jan / Feb        | 142           | 594                     | 203       | 470        | 1409       |
| Mar / Apr / May  | 236           | 1094                    | 517       | 127        | 1974       |
|                  | 2012-13       | Student/Parent Contacts |           |            | Total 6290 |

**SCHEDULE O,  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2012**

**Open to Public  
Inspection**

Name of the organization

Coshocton CARES College Access Program

Employer identification number

43 210828

**990 ED Part 1 Line 16 Other Expenses Explanation**

College Night Program(College reps at Carrer Ctr) \$1,440.58

Liability Insurance 743.00

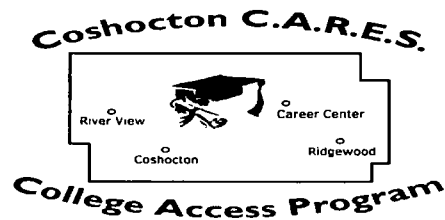
Mileage Reimbursement to counselors 1,325.61

Student Tracker Software Program 5,000.00

Ohio Non profit Filing Fee 50.00

College field Trips (Transportation Costs) 2,692.19

Total Other Expenses \$11,251.38



# **Coshocton C.A.R.E.S**

## **College Access Program**

### **Annual Report**

**July 1, 2012 – June 30, 2013**

**To: Coshocton County School District Superintendents  
Coshocton County School District High School Principals  
Coshocton County High School Counselors  
Coshocton C.A.R.E.S. Board President Mindy Fehrman  
Coshocton C.A.R.E.S. Fiscal Agent Gary Lowe  
Coshocton C.A.R.E.S. Board Members  
Coshocton C.A.R.E.S. Advisors  
Central Ohio Technical College  
Clows Water Systems  
Jones Metal Products  
Montgomery Foundation  
Coshocton County United Way**

## **Director/Advisor Hours Spent in Coshocton County High Schools**

Coshocton C.A.R.E.S. Director/ Advisor Brian Crilow and Advisors Nancy Hatem and Lynn Hill spent **1,904 hours** during 2012-13 in the four school districts working with school counselors, administrators, students and parents providing advisory and programming assistance. A **Montgomery Foundation Grant** this past year allowed the program to continue normal advisor hours in each district.

### **Programming Highlights**

#### **Kiwanis Club/Coshocton C.A.R.E.S. College Fair Night Monday, October 8, 2012**

Sixty (60) Colleges, universities, technical and trade schools from (5) different states attended the event. A record number! **The Coshocton Kiwanis Club** provided a grant of \$1,000 to financially sponsor this year's event!

**232** Students registered and represented five (5) different counties and 12 area high schools.

**250** Parents attended

**483 Total Students/Parents Attended**

Volunteers: Special thanks to Darcy Gordon, Megan Hemming, Stacy Ionno, Doug Nagle, Nancy Nagle and Greg Yurjevic, Mike Cichon, Craig Reveal, Ginger Reiss and the CCCC custodial staff.

Media Assistance: WTNS, The Coshocton Tribune and The Coshocton County Beacon,

|             |               |              |                         |
|-------------|---------------|--------------|-------------------------|
| Total Cost: | Food Cost     | \$500        |                         |
|             | Food Prep     | \$200        | (CCCC Culinary Arts)    |
|             | Security      | \$200        | (CCCC Criminal Justice) |
|             | Setup/Cleanup | <u>\$100</u> |                         |

\$1,000 Total Cost

#### **Coshocton C.A.R.E.S. College Financial Aid Workshops**

Three (3) separate College Financial Aid workshops were held at each of the high schools this past fall. John Brown, Great Lakes Educational Loan Service Representative, presented information on the different types of financial aid available to students and parents and the FAFSA application process. Question and answer sessions followed each presentation.

|                  |                               |           |
|------------------|-------------------------------|-----------|
| River View H. S. | Wednesday, September 26, 2012 | 20        |
| Coshocton H. S.  | Thursday, November 15, 2012   | 17        |
| Ridgewood H. S.  | Wednesday, December 5, 2012   | <u>25</u> |
|                  | <b>Total Attendance</b>       | <b>62</b> |

## **Coshocton County Career Center / Sophomore Visitation**

Coshocton C.A.R.E.S. conducted six (6) College 101 sessions during the Coshocton County Career Center's Sophomore Visitation Day. Sophomores from Coshocton, Ridgewood and River View High Schools attended this event. Students selected three (3) areas and/or programs of interest to visit.

Seventy-seven (77) students attended the College 101 sessions. C.A.R.E.S. Advisor's Lynn Hill and Nancy Hatem moderated a panel consisting of Austin Younker from Ridgewood H. S., MacKenzie Martin, Shelby Kestler, and Jaelynn Meek from Coshocton H. S. and Emily Hardesty, Kassidy Meek, Chereka Stevens, Devan Olinger and Ali Dawson from River View H. S. in a discussion on the post-secondary enrollment option, differences they have encountered, and planning for their future careers. Megan Haywood, COTC Advisor, provided her insights as both an eight-year college student and college academic advisor. A student question and answer session followed each guided discussion.

## **FAFSA Assistance Night / Coshocton H.S. / Monday, February 25, 2013**

A county-wide FAFSA Assistance Night was held in the Coshocton H. S. computer labs on Monday, February 25, 2013 from 6:00 – 7:30 PM for parents and students needing FAFSA application assistance. College financial aid representatives from COTC, Muskingum, Great Lakes and Coshocton C.A.R.E.S. advisors provided assistance in completing the FAFSA online application.

### **2013 -2014 FAFSA Applications Submitted and Completed**

| <b>School</b>           | <b>Submitted</b> | <b>Completed</b> |
|-------------------------|------------------|------------------|
| <b>Coshocton H. S.</b>  | 39               | 36               |
| <b>Ridgewood H. S.</b>  | 43               | 40               |
| <b>River View H. S.</b> | <u>81</u>        | <u>80</u>        |
| <b>Totals</b>           | <b>163</b>       | <b>156</b>       |

## **College Campus Visit Program**

**10/17/12 Stark State College/ North Canton**

CCCC Auto Tech students (37) & program instructors Dennis Rine, Randy Orsborn and CARES Advisor Brian Crilow visited and toured the Stark State Auto Tech Center Program and campus.

Costs: Transportation \$174.43      Lunch: Pizza \$90.00  
Paid by Coshocton CARES

**10/22/12 Stark State College/ North Canton**

CCCC Cosmetology students (25) with instructor Darla Wagner and CARES Advisor Brian Crilow visited the Massage Therapy program and toured the Stark State College Campus.

Costs Transportation \$174.43      Lunch: College Provided Pizza.

**11/16/12 Stark State College/ North Canton**

CCCC Electronics students (30) and program instructor Steve Ervin toured the Stark State College Campus and met with Engineering Technology Program Instructors.

Costs Transportation \$174.43      Lunch: College Provided Pizza

**11/29/12 Zane State College/ Zanesville**

CCCC Electronics students (30) program instructor Steve Ervin and CARES Advisor Brian Crilow toured the Zane State College Campus and met with Electronics Technology Program Instructors.

Costs Transportation \$123.45      Lunch: Pizza \$160.00  
Paid by Coshocton CARES

**11/30/12 Kent State Tuscarawas/ New Philadelphia**

CCCC Electronics students (30) & program instructor Steve Ervin toured the Kent State Tuscarawas College Campus and met with Electronics Technology Instructors during an Engineering Day Program

Costs Transportation \$136.18      Lunch: College Provided

**12/11/12 The Ohio State University Agricultural Technical Institute/Wooster**

CCCC Building Trades students (10), Instructor Brad Sarchet and (10) Ridgewood Vocational Agriculture students with CARES Advisor Brian Crilow, toured the ATI Campus in Wooster and met with Admissions Counselor Denise Miller and Construction Management Program Director Ben King.

Costs Transportation \$63.00      Lunch: College Provided Pizza

12/23/12 **Washington State Community College/Marietta**  
CCCC Auto Tech students (37) program instructors Dennis Rine and Randy Orsborn and CARES Advisor Brian Crilow toured the Washington State Auto Tech Center Program and met with admissions and program instructors.

Costs Transportation: School Provided Lunch: College Provided Pizza

3/22/13 **Central Ohio Technical College/Newark**  
Culinary Arts (14) and Early Childhood Education (19) students with instructors Mike Cichon and Megan Grimm toured the COTC Newark Campus and met with Admissions and Program Instructors.

Cost Transportation: \$181.18                      Lunch: Students Purchased

3/22/13 **Hocking College/Nelsonville, OH**  
Building Trades students (12) and Instructor Brad Sarchet visited The Logan Campus Building Trades Showcase for a hands-on event.

Transportation Cost: \$150.75                      Lunch: College Provided

3/27/13 **Hocking College/Nelsonville, OH**  
Culinary Arts (14) and Early Childhood Education (19) students with Instructors Mike Cichon and Megan Grimm toured the Nelsonville Campus and met with Admissions and Program Instructors.

Transportation Cost: \$228.43                      Lunch: College Provided

4/9/13 **Zane State College**  
Culinary Arts (14), and Early Childhood Education (19), and Criminal Justice (12) students with Instructors Mike Cichon, Megan Grimm and Craig Reveal attended the Spring On-Campus Program Visitation Day at Zane State.

Transportation Cost: \$137.68                      Lunch: College Provided

4/12/13 **Zane State College**  
Instructor Tim Kilpatrick and Natural Resource students (15) toured the Natural Resource Center and Ecology Labs and met with Admissions and talked with admissions and program instructors.

Transportation Costs: \$60.00                      Lunch: Pizza \$70.00  
Paid by Coshocton CARES

**4/19/13 Hocking College/Nelsonville, OH**

Natural Resource students (15) and Instructor Tim Kilpatrick visited the Nelsonville Campus and attended Natural Resources and Fisheries Day Showcase Event.

Transportation Costs: \$150.75      Lunch: Pizza \$75.00  
Paid by Coshocton CARES

**5/2/13 Columbus State Community College**

Culinary Arts (14) and Early Childhood Education (19) students with Instructors Mike Cichon and Megan Grimm toured the Columbus State Campus and met with Admissions and Program Instructors

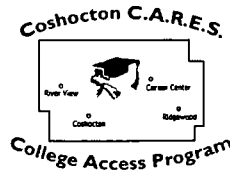
Transportation Cost: \$221.58      Lunch: Students Purchased

**Total Campus Visits Taken 14**

|                                    |                         |
|------------------------------------|-------------------------|
| <b>Total Transportation Costs</b>  | <b>\$1,976.29</b>       |
| <b>Total Student Meals Paid</b>    | <b><u>\$ 395.00</u></b> |
| <b>Total Campus Visit Expenses</b> | <b>\$2,371.29</b>       |

**National Student Clearinghouse Student Tracker Program**

The Student Tracker Program allowed each of the school districts in Coshocton County to accurately track both college enrollment and retention rates of their graduates utilizing the National Student Clearinghouse. The initial report on 2009-11 Coshocton County graduates indicated 56% of their graduates enrolled in college immediately after high school and 60% had enrolled at sometime during their first year following graduation. A report on 2012 graduates should be forthcoming later. This additional report should include data which allows each school to study the retention and transition rates of their graduates enrolled in college.



### **Coshocton C.A.R.E.S. Board of Directors**

Mindy Fehrman, Board President – Director, Coshocton County Job and Family Services

Karen Brown – Gifted Coordinator, MVESC/Coshocton County

Rick Davis – Human Resource Director, Coshocton County Memorial Hospital

Megan Heywood – COTC Academic Advisor

Debbie Kapp-Salupo, Superintendent. – Coshocton County Career Center

Shoshanna Lee – COTC student, Former C.A.R.E.S. Services Recipient

Gary Lowe- Fiscal Agent – Coshocton City Schools Treasurer

Breanne Mathews – Asst. Treasurer, Coshocton County

Dorothy Skowrunski– Director, Coshocton County Port Authority

Tina Stoffer- United Way Representative Liaison (Non Voting Member)

Gayle Stevens – Parent, Mother of a former C.A.R.E.S. Services Recipient

Marion Sutton – President, Jones Metal Products

Greg Yurjevic- Former CARES Advisor

### **Guidance Counselors**

Stacy Ionno – Ridgewood Local School District

Jody Cox – River View Local School District

Ken Stocker - River View Local School District

Darcy Gordon –Coshocton City School District

Megan Hemming - Coshocton City School District

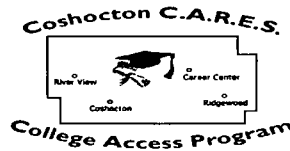
Doug Nagle- Coshocton County Career Center

### **C.A.R.E.S. Advisors**

Brian Crilow, Director/Advisor - Coshocton County Career Center & Ridgewood H. S.

Lynn Hill, Advisor – River View H. S.

Nancy Hatem, Advisor – Coshocton H. S.



### **Coshocton C.A.R.E.S. Staff**

The Coshocton County C.A.R.E.S. Board of Directors employs a part-time director/advisor and two part-time advisors. All employees of Coshocton County C.A.R.E.S. have passed both state and federal criminal background checks prior to their employment with the organization.

#### **Brian Crilow, Director/Advisor**

Brian graduated from Ashland University in Ashland, Ohio, in 1971 with a B.S. in Education degree and in 1975 from Muskingum University in New Concord, Ohio, with a Masters in Education degree. He taught for thirty-five (35) years in the Ridgewood Local School District in West Lafayette, Ohio before his retirement in 2008. The Ridgewood Local School District is located in rural Coshocton County. Brian taught middle school language arts during his tenure and coached football, boys and girls track, baseball and golf.

He served as both the President of the Ridgewood Education Association and as a member of the License and Professional Development Committee (LPDC) and the Ridgewood Recreation Board. Brian was honored with the Phi Delta Kappa Outstanding Educator Award, Muskingum Valley Educational Service Center Distinguished Teacher Award, and Coshocton County Volunteer of the Month. Brian is a member of the West Lafayette United Methodist Church and Coshocton Elks #376 where he served as a trustee and was honored as the 2008 Elk of the Year.

He was hired in 2008 as a part-time Coshocton C.A.R.E.S. Advisor and selected in 2009 as the director. Brian advises at both the Coshocton County Career Center and Ridgewood Districts along with his duties as director.

**Lynn Hill, Advisor**

Lynn earned her B.S. in Home Economics degree from Miami University in 1977 and her Masters in Reading Education from Ashland University. She taught for thirty years before her retirement in 2007 primarily in the River View Local School District in Coshocton County. As a teacher Lynn served as a vocational department head, district mentor leader, building mentor, and as a member of the Teacher Leader Institute for the State Department of Education and the Community Action Committee (CAP) to develop interest based programs for high school students.

Lynn's service to the community included assisting and organizing a career fair for high school students and volunteering at Roscoe Village and as a 4-H judge. She is a forty-year member of the Roscoe United Methodist Church.

Lynn was employed as a part-time advisor for Coshocton C.A.R.E.S. in 2009 and serves the River View District.

**Nancy Hatem, Advisor**

Nancy graduated from Ohio State University in 1973 with a B.S. in Social Studies Education (Grades 7-12) and later added Elementary Education (Grades 1-8) to her teaching license. She earned her Masters Degree in School Counseling from Malone University. Nancy worked for the Coshocton City School District in Coshocton, Ohio before her retirement in 2012. Her first nineteen years were spent teaching Junior High Social Studies. The remaining ten years Nancy was a school counselor working with students in grades seven through twelve. Nancy was a member of the district mentoring team, serving as a mentor, building leader and district team leader. She was a member and served as president of the License and Professional Development Committee. Nancy served as a High School member and representative to the following committees: insurance committee, wellness committee, school climate committee, Ohio Improvement Plan committee, and the District Transformation Team.

In the community Nancy was a 4-H advisor for twelve years and served on the 4-H Advisory Board. She is a thirty-nine year member of Sacred Heart church and has served as a member of the Friends of Coshocton County Drug Court and the Coshocton County Coalition for Suicide Prevention.