Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

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

OMB No. 1545-1150 2008

Open to Public Inspection

A	For the	2009 calandar year	r, or tax year beginning	7/01/08 ,a	nd ending 6	730/0) 9		
^				·/ • I/ • • • • • • • • • • • • • • • • •	ila cilaling -	,, ,,,,		D Emp	loyer identification number
_		applicable: Please use IRS	C Name of organization					Linp	loyer rechanged on homber
\dashv	Address	label or	Northwest Oh	hio Communi	tr Char	es. I	_	21.	-1569521
\dashv	Name ch	· pintoi		P.O. box, if mail is not de			Room/suite		phone number
\dashv	Initial ret	Soo	1	•		aress)	Room/suite		9-243-6637
\dashv	Terminat	Specific	2413 Colling		•		1	,	
Н	Amende	msuuc-	City or town, state or co		17 42610				up Exemption
		lon pending tions.	Toledo		H 43610				Cash X Accrual
	• Sect		izations and 4947(a)(1) no		trusts must att	acn	G Accounting		Cash Accruai
_			mpleted Schedule A (For		~		Other (specify) 🚩	
١.			OMMUNITYSHARE:		1	TT	H Check required t	if the o attach Sch	organization is not nedule B (Form 990,
<u></u>			nly one)— X 501(c) (3		4947(a)(1) or		990-EZ, c	or 990-PF).	
K	Check		nization is not a section 509				ceipts are norma	lly not mo	re than \$25,000. A return
			ganization chooses to file a						054.065
			9 to determine gross receipts;						
	art I		xpenses, and Chang						
	1	Contributions, gifts, gra	ants, and similar amounts recei	ived				. 1	253,152
	2		venue including governme						
	3	Membership dues a	and assessments					. 3	
	4			• • • • • • • • • • • • • • • • • • • •		1		. 4	1,115
	5a		sale of assets other than i			5a		488	
	b		basis and sales expenses			5b			
d)	c		e of assets other than inventory					. 5c	
Ž	6	Special events and ac	tivities (complete applicable par	rts of Schedule G). If any	amount is from ga	ming, che	ck here 🔝 🕨 📘		
Revenue	a		including \$			ſ			
œ		reported on line 1)				6a			
	b		ses other than fundraising e			6b			
	C	Net income or (loss	s) from special events and	activities (Subtract lin	e 6b from line 6a	3)		. 6c	
	7a	Gross sales of inve	entory, less returns and allo	wances		7a			
	b	Less: cost of goods	sold			7b		1000	
	С	Gross profit or (loss	s) from sales of inventory (Subtract line 7b from	line 7a)			7c	
	8	Other revenue (des	scribe 🕨) 8	
	9	Total revenue. Add	d lines 1, 2, 3, 4, 5c, 6c, 7c	, and 8			1.1.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	▶ 9	254,267
	10	Grants and similar	amounts paid (attach sche	dule)				10	
	11		for members						
ģ	12	Salaries, other com	pensation, and employee	benefits				12	65,737
enses	13	Professional fees a	and other payments to inde	pendent contractors				13	10,384
Expe	14	Occupancy, rent, u	tilities, and maintenance					14	4,800
ß	15	Printing, publication	ns, postage, and shipping					15	2,263
	16	Other expenses (de	ns, postage, and shipping escribe ► See Sta	tement 1) 16	174,966
	17	Total expenses. A	dd lines 10 through 16					▶ 17	258,150
St	18	Excess or (deficit) t	for the year (Subtract line 1	7 from line 9)				18	-3,883
Net Assets	19	Net assets or fund bal	ances at beginning of year (fror	m line 27, column (A)) (m	ust agree with end-of-ye	ar figure repo	rted on prior year's retu	m) 19	51,203
et.A	20	Other changes in n	et assets or fund balances	(attach explanation)				20	
Ž	21		balances at end of year. Co					▶ 21	47,320
i F	art II	Balance Sh	eets. If Total assets on lir	ne 25, column (B) are	\$2,500,000 or n	nore, file F	orm 990 instead	of Form 9	90-EZ.
		(Se	ee the instructions for Part	II.)		(A) Beginning of yea	r	(B) End of year
22	Cash, s	•	nents	•			76,6	31 22	73,824
								23	
24	Othera	assets (describe 🕨	See Stateme	ent 2		_) [135,8	13 24	138,408
25	Total a	assets					212,4		212,232
26	Total li	iabilities (describe	See Statem	ent 3)	161,2		164,912
		-	es (line 27 of column (B) m		1)		51,2		47,320
_			rk Reduction Act Notice, s		***************************************				Form 990-EZ (2008)

Page 2 repenses ad for 501(c)(3) organizations 7(a)(1) trusts; for others.)
204,090
204,090
or Part IV.) (e) Expense account and other allowances
0
0
0
0
0
0
0
0
0
0

	m 990-EZ (2008) Northwest Oh o Community Sna								Page 2
\$ I.	art III Statement of Program Service Accomplishments	(See the inst	ruc	tions for Part I	ll.)	1	Exi	oenses	
Wh	at is the organization's primary exempt purpose?						-	l for 501(c)	
	See Statement 4					7		ganization	
	scribe what was achieved in carrying out the organization's exempt purposes. In					l		(a)(1) trusts	s;
	cribe the services provided, the number of persons benefited, or other relevant	information for	each	program title.		0	ptional fe	or others.)	
28	See Statement 5								
	·								
					щ.			004	000
	(Grants \$) If this amount includes foreign grants, or	heck here			Ш.	28a		204,	090
29									
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • •						
	(Grants \$) If this amount includes foreign grants, or				Ш,	29a			
30					Ш.	23a			
•	• • • • • • • • • • • • • • • • • • • •				• • • •				
	······		• • • •		• • • •				
	(Grants \$) If this amount includes foreign grants, or	heck here		•	П.	30a			
31	Other program services (attach schedule)						-		
	(Grants \$) If this amount includes foreign grants, or	heck here			П	31a			
32	Total program service expenses (add lines 28a through 31a)				<u> </u>	32		204,	090
	art IV List of Officers, Directors, Trustees, and Key Employees. List e	ach one even if	not d	compensated. (Sec				r Part IV.)	
	(a) Name and address	(b) Title and ave	rage k	(c) Compensation (If not paid,		Contribu	tions to	(e) Exper account a	
	(a) Name and address	devoted to posit		enter -0)		rred comp		other allow	
Aщ	jad Doumani	Executive	Di				- 1		
_		40		31,810			0		0
Ħа	rvey Savage				ļ		1		
		5		0			이		0
Na	ncy Myers	· ·]	ent				_		
		1		0			<u> </u>		0
.co	nnie Roth Sautter	Secretary							
Ка	ren Niese	Treasurer		0	-		- 0		0
,- ;-;	ren a1034	2		o			اه		٥
Ma	rily Levine	Board Mem	ber	<u>_</u>			`		<u>~</u>
		1		o			اه		٥
Ky	le Grefe	Board Mem	ber						
		1		o			0		0
Нa	rry Cummings III	Board Mem	ber						
_		1		0			0		0
Dе	nise Gehring	Board Memi	ber						
		1		0			0		0
Sa	ndy Craig	Board Memi	ber						
		2		0			0		0
		. ,							
	***************************************	• •							
		 							
		``							
			Ì						
							\longrightarrow		
									
DAA		<u> </u>						. 000 E7	

P	irt.V Other Information (Note the statement requirements in the instruction	s for Part VI.)			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detail	led	-		x
	description of each activity		33	 	<u> </u>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Y	es,"	1 24		
0.5	attach a conformed copy of the changes	1	34	20202902E	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others)	, but not	49.53		
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		16.23		100 GORG
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) not	ice, reporting,			
_	and proxy tax requirements?		35a	<u> </u>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	<u> </u>	ļ
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"				
	complete applicable parts of Schedule N	, , , , , , , , , , , , , , , , , , ,	36	The many!	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.	37a			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed	e or were	200		
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	385			
39	Section 501(c)(7) organizations. Enter:		-33-40L		
а	Initiation fees and capital contributions included on line 9	39a		North.	
þ	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year und	ier:	3.3		
	section 4911 ▶; section 4912 ▶; section 4955 }	.		5.492	131.0
ь	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess ben	efit transaction			ļ
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," co	mplete Schedule			
	L, Part I	•	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during	*******************	11237-1528	deposition de la lance	132
	the year under sections 4912, 4955, and 4958	>	30.000		
d	Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax she	lter		eren.	
	transaction? if "Yes," complete Form 8886-T		40e		x
41	List the states with which a copy of this return is filed.▶ None	******************			
42a	The books are in care of ▶ Amjad Doumani	Telephone no. ▶			
	2413 Collingwood Blvd.				
	Located at ▶ Toledo, OH	ZIP+4 ▶ 4	13610		
b	At any time during the calendar year, did the organization have an interest in or a signature or other a	111	: .		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	•	:	Yes	No
			42b		**
	account)? If "Yes," enter the name of the foreign country: ▶	***********	***	SENSON.	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	— Jan		\$ \$V.05
	and Financial Accounts,	Dank			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		X
•	If "Yes," enter the name of the foreign country:	•••••	426		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				
70					
	and enter the amount of tax-exempt interest received or accrued during the tax year	43			
			1	V	h
44	Did the graphization maintain any dense advised for \$20 lf \$40 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4	weeks a	Yes	No
77	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead				v
45	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)		44	(08) 3 FA	X
-70			iiisiii		- T
	"Yes," Form 990 must be completed instead of Form 990-EZ	<u> </u>	45		<u> </u>

Form 990-EZ						Page 4
Part VI	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	1(c)(3) organiz	ations must ar	swer questions	s 46–49	
	and complete the tables for lines 50 and 51.				1.4	
	organization engage in direct or indirect political campaign activities or	•	•		Ye	s No
candid:	ates for public office? If "Yes," complete Schedule C, Part I	- O D-4 II			46 47	X
47 Did the 48 Is the o	e organization engage in lobbying activities? If "Yes," complete Schedule organization operating a school as described in section 170(b)(1)(A)(ii)?	e C, Part II			48	X
49a Did the	e organization make any transfers to an exempt non-charitable related o	ii res, complete	Scriedule E	• • • • • • • • • • • • • • • • • • • •	49a	$+\frac{x}{x}$
b If "Yes	" was the related examination(s) a continu EOT examination?				49b	
	ete this table for the five highest compensated employees (other than o		rustees and kev en			<u> </u>
	eceived more than \$100,000 of compensation from the organization. If t					
		1		T / 1		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week	(c) Compensation	(d) Contributions to [employee benefit plans &	(e) Exp	
		devoted to position		deferred compensation	other allo	wances
None						
**********		·				
• • • • • • • • • • • • • • • • • • • •						
*********		1				
	r of other employees paid over \$100,000					
	ete this table for the five highest compensated independent contractors	who each received	d more than \$100,0	000 of		
compe	nsation from the organization. If there is none, enter "None."					
(a)	Name and address of each independent contractor paid more than \$100,000	(d)	Type of service	(c) C	ompensatio	n
None						

*********	***************************************	••••	•	:		
Total number	r of other independent contractors each receiving over \$100,000	>				
	Under penalties of perjury, I declare that I have examined this return, including	accompanying sched	ules and statements, a	and to the best of my k	nowledge	
Oi	and belief, it is true, correct, and complete. Declaration of preparer (other than o	officer) is based on all	information of which	preparer has any knov	vledge.	
Sign				:		
Here	Signature of officer Amjad Doumani	Fro	Date Cutive Di			
	Type or print name and title.	EXEC	suctive DI	rector		
		Date	Check if	Preparer's Identi	fving Number	(See instr.)
Paid	Preparer's signature		self-	_ '		(men men)
Preparer's		5/03		P00046		0272
Use Only	if self-employed), 6455 Wheatstone Ct	GTTCK IU	u,		6-371	<u>UZ 12</u>
	address, and ZIP+4 Maumee, OH 43537			Phone no. ▶ 419	-861-	1120
May the IDC	discuss this return with the preparer shown above? See instructions				X Yes	

Forr	n 86 3	tev. 4-2009)		\rightarrow			\mathcal{L}				Page 2
•	if y	filing for an A	dditionai (No	t Automatic) 3-Mo	nth Extension, co	mplete only Pa	irt II and checi	k this box			▶ X
Note				lready been grante				• • •			—
•	if you are	filing for an A	utomatic 3-M	onth Extension, c	omplete <u>only</u> Par	t I (on page 1).	·				
P.	art॥	Addition	al (Not Aut	tomatic) 3-Moi	th Extension	of Time. On	ly file the c	riginal (no	copi	es needed).	
Туре	e or		cempt Organiz							er identification	number
print	£	•					4.				
File b	y the	NORTH	VEST OH	COMMUNIT	Y SHARES,	INC			<u> 31-1</u>	.569521	
exten		Number, sti	reet, and roon	n or suite no. If a P	.O. box, see instru	ictions.	100		For IRS	use only	,
filing	late for the	2413 (COLLING	WOOD BLVD	•						
_	n. See	City, town a	r post office,	state, and ZIP code	e. For a foreign ad	dress, see instru	uctions.				
	ctions.	TOLEDO			H 43610						
		return to be	filed (File a s	eparate application	for each return):						
X	Form 99	0	∐ F	form 990-PF			Form	1041-A		Form 6	069
Щ	Form 99	0-BL		orm 990-T (sec. 4	01(a) or 408(a) tru	st)	Form 4	4720		Form 8	870
	Form 99			orm 990-T (trust o			Form !			<u></u>	
				re not already gra		c 3-month exter	nsion on a pr	eviously file	d Form	8868.	
				MUOD DALM				******			
	•	No.▶ 41			FAX No.						
				ffice or place of bu							▶ 📙
				organization's four				If this	is		
				▶ 📙 . If it i		oup, check this t	box	▶ 📗 and	d attach	n a	
				ers the extension is							
4				nsion of time until				100 100			
5	For caler	ndar year	, or o	other tax year begi	ining // L	TIOR and	ending 6/	30/09	•		
6 ~				onths, check reason	ı: Initial retu	m [] Final	retum 📙	Change in	accoun	ting period	
7	State in c	detail why you	need the exte	ension s requeste							9
					ed to gat	ner inco	imatroi	i to bi	repa	re a comp	теге
	and 3	accurat	e retui	;						• • • • • • • • • • • • • • • • • • • •	
	If this say	diantian in for	E 000 BI	000 DE 000 T 4	720 0000	-46-4-4-4-4-4					
				, 990-PF, 990-T, 4	/20, or 6069, ente	r the tentative ta	ax,			•	
		nonrefundable		, 990-T, 4720, or 6	060			•	∫ 8a	<u> </u>	
				, 990-1, 4720, 61 d de any prior year d	•					•	
		aid previously			verpayment allow	eu as a creuit ar	id ally		8b	\$	
				line 8a. Include you	r navmant with th	in form or if roa	ruised densei		OD		
				sing EFTPS (Elect					8c	e	
	VI 1 LD	COUPON DI, II I	equiled, by a	Sing Er Tr O (Lieut	Signature ar			CHOUS.	00	Ψ	
Underi	penalties of	neriury. I declar	re that I have ex	amined this form, incl	_			the best of my	, knowle	dae and heliaf	
It is true	е, солгест, а	ind complete, ar	nd that I am and	norized to prepare this	form.	SCIEDURES AIN SIL	icijena, alia to	ine best of my	KITOWIC	age and bener,	
Signatu	re 🕨 (C)	KWILLE	W (V	IM/ALIA)	Tit	· CP)A			Date > 2	/08/10
		7		,, <u>, , , , , , , , , , , , , , , , , ,</u>			· · · · · · · · · · · · · · · · · · ·			Form 8868 (
										·	
			Γ	DEOC!!							
				RECEIV	=U						
			10		၂၇						
			295	FEB 1 2 2)10 (8)		•				
			'	ar ar 6.1	(3)						
				OCHEN		•					
			L	OGDEN,							

Form 8868

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of th		◆ File a separate application for each return.										
		tomatic 3-Month Extension, complete only Part I and check this box		♦ X								
	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).											
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.												
Part I	Automati	c 3-Month Extension of Time. Only submit original (no copies needed)										
-	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete	•	▲ □								
Part I only				▼ □								
All other corpo		ling 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ext s.	ension o	f								
Electronic Fil	ing (e-file). Ge	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension of	time to t	île								
		w (6 months for a corporation required to file Form 990-T). However, you cannot file Form										
electronically	if (1) you want	the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 887	0, grou	p								
returns, or a c	omposite or co	onsolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (F	Part II) of	Form								
8868. For mor	re details on th	e electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonp	ofits.									
Type or	Name of Ex	empt Organization	Employ	er identification number								
print File by the	NORTHW	EST OH COMMUNITY SHARES, INC	31-1	569521								
due date for filing your		eet, and room or suite no. If a P.O. box, see instructions.										
return. See instructions.		post office, state, and ZIP code. For a foreign address, see instructions.										
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOLEDO	i a a a a a a a a a a a a a a a a a a a										
Check type of	f return to be	filed (file a separate application for each return):										
X Form 99	90	Form 990-T (corporation)		Form 4720								
Form 99	00-BL	Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227								
Form 99	90-EZ	Form 990-T (trust other than above)		Form 6069								
Form 99	00-PF	Form 1041-A		Form 8870								
• The books	s are in the car	e of ◆ AMJAD DOUMANI										
Telephone	No. ♦ 41	9-243-6637 FAX No. ◆										
If the orga	nization does	not have an office or place of business in the United States, check this box		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
 If this is fo 	r a Group Ret	ırn, enter the organization's four digit Group Exemption Number (GEN)	f this is									
for the whole g	group, check th	is box •	tach									
		s of all members the extension will cover.										
•		3-month (6 months for a corporation required to file Form 990-T) extension of time										
***		, to file the exempt organization return for the organization named above. The extension is	5									
	rganization's r											
♦ X	calendar year tax year begin	or ning 7/01/08, and ending 6/30/09.										
				to a section								
2 If this ta	x year is for le	ss than 12 months, check reason: I Initial return Final return Change in	accoun	ing period								
-	-	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	2-	<u> </u>								
		e credits. See instructions.	3a	_\$								
· · · · · · · · · · · · · · · · · · ·	-	Form 990-PF or 990-T, enter any refundable credits and estimated tax	25	•								
		de any prior year overpayment allowed as a credit.	3b	\$								
		t line 3b from line 3a. Include your payment with this form, or, if required, on or, if required, on or, if required, by using EFTPS (Electronic Federal Tax Payment										
•	. See instruction		3c	\$								
		nake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879		¥								
for payment in		3.350.5776 Tarie Timmararia Militario i Gitti 6000, 300 i Gitti 6400-20 and i Gitti 6077										
-		vork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)								

Form 8868	(Rev. 4-2009)			Page 2
If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and c	heck this box		♦ X
	complete Part II if you have already been granted an automatic 3-month extension on a pre-			
If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the	ne original (r	no copies needed).
Type or	Name of Exempt Organization		Employer Identificat	tion number
print				
File by the	NORTHWEST OH COMMUNITY SHARES, INC		31-1569521	
extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only	
filing the	2413 COLLINGWOOD BLVD.			
retum. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
instructions.	TOLEDO OH 43610			
	of return to be filed (File a separate application for each return):		_	
X Form		orm 1041-A	∐ Fo	rm 6069
\vdash		orm 4720	∐ Fo	rm 8870
		orm 5227		
	ot complete Part II if you were not already granted an automatic 3-month extension on	a previously fi	iled Form 8868.	
	ks are in the care of ◆ AMJAD DOUMANI			
	ne No. ♦ 419-243-6637 FAX No. ♦			
If the or	ganization does not have an office or place of business in the United States, check this box			♦ 📙
	for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
	e group, check this box	◆ ∐ a	and attach a	
	names and EINs of all members the extension is for.			
	est an additional 3-month extension of time until 5/17/10	6/20/00	,	
5 For ca	lendar year , or other tax year beginning 7/01/08 , and ending tax year is for less than 12 months, check reason: Initial return Final return	6/30/09		
		Change i	n accounting period	
7 State	n detail why you need the extension itional time is requested to gather informat			
and	accurate return.	ron ro f	prepare a co	ombrere
. circ	accurace recurit.			
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
	ny nonrefundable credits. See instructions.		8a \$	
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		oa ş	
	ted tax payments made. Include any prior year overpayment allowed as a credit and any			
	at paid previously with Form 8868.		8b \$	
	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, de	nosit	OD &	
	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See in		8c \$	
	Signature and Verification		Τ 00 Φ	
Under penaltie it is true, corre	s of perjury, I declare that I have examined this form, including accompanying schedules and statements, act, and complete, and that I am authorized to prepare this form.	and to the best of	my knowledge and belief,	
Signature "	Title 44		Date **	2/08/10
				68 (Rev. 4-2009)

a comment

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection. Employer identification number Name of the organization Northwest Ohio Community Shares, In 31-1569521

Pa	art I	Reas	on for P	ublic Charity	Stat	tus (All c	organiz	zations	s must	comple	te this	part.)	(see i	nstruc	tions)			
The	orga	nization is not	a private f	oundation becaus	e it is	s: (Please d	check o	nly one	organizat	ion.)								
1		A church, cor	nvention of	f churches, or ass	ociat	ion of chur	ches de	scribed	in sectio	n 170(b)(1)(A)(i).							
2		A school des	cribed in s	ection 170(b)(1)(A)(ii).	. (Attach So	chedule	E.)										
3		A hospital or	a coopera	tive hospital servi	ce or	ganization	describe	ed in se	ction 170	(b)(1)(A)	(iii). (Att	ach Sch	edule H	i.)				
4		A medical re-	search org	anization operate	d in c	onjunction	with a h	nospital	described	i in secti	on 170(t)(1)(A)(iii). Ent	er the ho	spital's	name	•	
		city, and state	e:															
5	П	An organizati	on operate	ed for the benefit o	of a c	ollege or u	niversity	owned	ог орега	ted by a	overnm	ental un	it descr	ibed in				
			•). (Complete Part		ŭ	•		•									
6	П			l government or g		mental un	it descri	ibed in s	section 1	70(b)(1)(<i>/</i>	A)(v).							
7	X			rmally receives a								from the	e gener	al public	:			
_				70(b)(1)(A)(vi). (Co				-pp-1	v u go.	0			y gono.	ai pasiis				
8	П			cribed in section 1		•		ete Par	EILY									
9	П	-		rmally receives: (-	contribu	tions m	embersi	nin fees	and or	oss			
		-		related to its exen	-			-	•				•					
				estment income ar	-													
				ation after June 3								.,						
10		•	· -	ed and operated					•		•	. (see in	structio	ns)				
11	П	_	-	ed and operated		•			-			•		•				
				e publicly support									-		ı			
				x that describes t									-					
		a Type		Type II	_				ally Integ		d		e III–O	ther				
е		By checking	this box, I	certify that the org	janiza	-					one or n							
				ndation managers											ı			
		509(a)(1) or s						-	,	,	-							
f		If the organiz	ation recei	ived a written dete	ermin	ation from t	the IRS	that it is	a Type I	, Type II,	or Type	III supp	orting					
		organization,	check this	box								, -	=					
g		Since Augus	t 17, 2006,	, has the organiza	tion a	ccepted ar	ny gift o	r contrib	ution from	n any of t	he			******				_
		following per	rsons?															
		(I) A persor	n who direc	ctly or indirectly co	ontrol	s, either ald	one or to	ogether	with pers	ons desc	ribed in	(ii)					Yes	No
		and (iii)	below, the	governing body o	f the	supported	organiza	ation?							[11g(i)		
				of a person describ			•									11g(li)		
		(iii) A 35% c	ontrolled e	entity of a person o	descr	ibed in (i) c	or (ii) ab	ove?								11g(iii)		L
h				nformation about t														
(i)	Nam	e of supported		(ii) EiN		(III) Type of	organiza	ition	(lv) is the	organization	(v) Did	you notify	(vi)	ls the	(v	ii) Amo	unt of	
	org	anization		. ,		(described	on lines 1	1-9	in col. (i)	isted in your	the orga	nization in	organiza	tion in col.	`	supp		
						above or l			governing	document?		of your	117 -	ized in the				
						(see mst	iuctions	"))	Yes	No	Yes	port? No	Yes	S.? No				
									1	""	1.55	""	100	110				
	•													-				
			·															
											 	i						
										ľ								
								<u>:</u>										
								:										
							Para in			Constant Constant	CONTROL OF	1278			·			
Tota	ı[

Schedule A (Form 990 or 990-EZ) 2008 Non west Ohio Community Share In 31-1569521 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 267,241 41,141 241,672 270,143 253,152 1,073,349 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 270,143 267,241 41,141 241.672 1,073,349 253,152 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) Public support. Subtract line 5 from line 4 . . 1,073,349 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 7 267,241 41,141 241,672 270,143 253,152 1,073,349 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 128 111 664 sources 2,975 1,115 4,993 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) BUT STATES 11 Total support. Add lines 7 through 10 1,078,342 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. 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 stop here. Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 99.5370 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 99.8387 16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

	edule A (Form 990 or 990-EZ) 2008 Note art III Support Schedule for O	rganizations C	Described in S	ection 509(a)		L-1569521	Page 3
	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)			
	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		·				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	2 - c 244 Not c 248 - 2 Amortis					
	line 6.) tion B. Total Support		Succession in the second	2.1.6-3-15.84.EV	CALLER SERVE	ASSESSED FOR HIS FOREIGN	
Sec	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	Secret of the stay produced with the second section of	grid grid grid grid a tradition with the control of	the second shorter to content on the content of	representative and the second	an asymptotic planets a west free doc	
	and 12.)	allande salares de acido con	20 February (Albumba) Albumba	or perfections are not	Patricial Model (1640)	and an action of the con-	
14	First five years. If the Form 990 is for the	_	t, second, third, for	urth, or fifth tax ye	ar as a section 50°	1(c)(3)	
	organization, check this box and stop here			• • • • • • • • • • • • • • • • • • • •		********	<u></u> ▶ ∟
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2008 (line 8	, column (f) divided	d by line 13, colum	ın (f))		15	%
<u>16</u>	Public support percentage from 2007 Scho	edule A, Part IV-A,	line 27g		*****	16	%
<u>Sec</u>	tion D. Computation of Investme						
17	Investment income percentage for 2008 (I	ine 10c, column (f)	divided by line 13	, column (f))		17	%
18	Investment income percentage from 2007	Schedule A, Part	IV-A, line 27h			18	%
19a	33 1/3 % support tests—2008. If the orga 17 is not more than 33 1/3 %, check this b	inization did not ch oox and stop here.	eck the box on line The organization	e 14, and line 15 is qualifies as a publ	s more than 33 1/3 licly supported org	3 %, and line anization	> □
b	33 1/3 % support tests—2007. If the orga						
20	line 18 is not more than 33 1/3 %, check to Private foundation. If the organization did						▶ -
	are regularious in the organization did	HOL CHECK & DOX C	/// IIIIC 14, 198 OF	DO, CHECK (NIS DO)	k and see instruction	ulis	

Schedule A (F	<u>orm 990 or 990-</u>	EZ) 2008 No:	<u>ı_west (</u>	Ohio Comm	nunity S	<u>hare 🥜 In</u>	31-1569521	Page 4
Part IV	Supplemer Part II line	ntal Informati 17a or 17b: (ion. Complete	this part to p	provide the e	explanation req	31-1569521 uired by Part II, line 10 ation. (see instructions); s)
-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		anty other at		action (add martial actions	-1
,								
		• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •		
	• • • • • • • • • • • • • • • • • • • •							••••
**********	••••••				******		•••••	
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		

	• • • • • • • • • • • • • • • • • • • •							
					• • • • • • • • • • • • • • • • • • • •			
	•				• • • • • • • • • • • • • • • • • • • •			

* * * * * * * * * * * * * * * * * * * *	•••••			************				
	• • • • • • • • • • • • • • • • • • • •							
					• • • • • • • • • • • • • • • • • • • •		•••••	*********
	• • • • • • • • • • • • • • • • • • • •							
,	• • • • • • • • • • • • • • • • • • • •							• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •			******
	• • • • • • • • • • • • • • • • • • • •							********
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	*******	• • • • • • • • • • • • • • • • • • • •				
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • •	*******************************	*************		***************		
					•	*******		
• * • • • • • • • • • • • • • • • • • •			*************	••••••	• • • • • • • • • • • • • • • • • • • •	•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••

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

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

Northwest Ohio	Community Shares, In	31-1569521
Organization type (check one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (for both the General Rule and a Special Rule. See instructions.)	10)
General Rule		
	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money	′ ог
property) from any one	e contributor. Complete Parts I and II.	
Special Rules		
under sections 509(a)	organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the (1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990 dill.	n of the
during the year, aggre), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one or gate contributions or bequests of more than \$1,000 for use exclusively for religious, char ducational purposes, or the prevention of cruelty to children or animals. Complete Parts	ritable,
during the year, some not aggregate to more the year for an exclusi applies to this organiza), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributions for use exclusively for religious, charitable, etc., purposes, but these contributions that were received than \$1,000. (If this box is checked, enter here the total contributions that were received vely religious, charitable, etc., purpose. Do not complete any of the parts unless the Geration because it received nonexclusively religious, charitable, etc., contributions of \$5,000.	ibutions did d during neral Rule 0 or more
990-EZ, or 990-PF), but they n	e not covered by the General Rule and/or the Special Rules do not file Schedule B (Formust answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (their

Schedule B (Form 990, 990-EZ, or 990-PF) (200-Name of organization Employer identification number Northwest Ohio Community Shares, In 31-1569521 Part I Contributors (see instructions) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution . 1... The Stranahan Foundation Person 4169 Holland-Sylvania Road Suite 201 Payroll s 15,000 Noncash OH 43623 (Complete Part II if there is a noncash contribution.) (a) (d) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Pavroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll | Noncash (Complete Part II if there is

a noncash contribution.)

NORTOHCOSH Northwest Ohio Community Shares, In
31-1569521 Federal Statements

31-1569521

FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Travel and Meetings:Mileage	866
Insurance:Liability	375
Payroll Expenses:Medical Insu	1,979
<pre>Insurance:D & O Insurance</pre>	1,000
Membership Dues	150,032
Printing	3,783
Telephone	1,960
Uncollectible pledges	10,300
Fundraising	3,792
Meals and entertainment	91
Miscellaneous	788
Total	\$ 174,966

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

		Beginning of Year		End of Year	
Accounts Receivable	\$	145,064	\$	147,291	
Less Allowance		11,508		11,508	
Security Deposits Asset		400		400	
Prepaid Insurance	**************************************	1,857		2,225	
		135,813	_	138,408	

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	ginning f Year	 End of Year
Accounts Payable and Accrued Expenses Funds due Agencies	\$ 400 160,841	\$ 121 164,791
	 161,241	164,912

NORTOHCOSH Northwest Ohio Community Shares, In 31-1569521 Federal Statements

5/3/2010 3:50 PM

31-1569521

FYE: 6/30/2009

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

To provide significant fundraising through the workplace for member organizations.

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

Provide financial and other support for member organizations providing charitable, scientific, cultural or educational services in Northwest Ohio and Southeast Michigan.

		÷	
•			
	•		
			•
•			
	·	•	• .
•			
enter de la companya			
	-		
•		•	
		• .	
			,
		•	•
	•		
	•		•
•			
	_		
	•		
•	•		
	•		
			`
			•
·			
•			
m.			
	•		
		•	
	,		
		• •	