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CHANGE IN ACCOUNTING PERIOD

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07/01 , 2008, and ending 04/30 , 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization TIFFIN UNIVERSITY

Doing Business As

Number and street (or P O. box if mail is not delivered to street address) 155 MIAMI STREET — Room/suite

City or town, state or country, and ZIP + 4 TIFFIN, OH 44883-2161

D Employer identification number 34-4427516

E Telephone number (419) 448-3278

G Gross receipts $ 38,275,711.

F Name and address of principal officer PAUL MARION
155 MIAMI STREET TIFFIN, OH 44883

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.TIFFIN.EDU

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1888 **M** State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
WE ARE A PRIVATE COEDUCATIONAL UNIVERSITY LOCATED IN TIFFIN OHIO. WE OFFER UNDERGRADUATE AND GRADUATE DEGREE PROGRAMS FOR MOTIVATED PROFESSIONALLY FOCUSED STUDENTS SEEKING REAL WORLD EXPERIENCE.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of employees (Part V, line 2a)	5	847
6 Total number of volunteers (estimate if necessary)	6	20
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	

Revenue

	Prior Year	Current Year
8 Contribution and grants (Part VIII, line 1h)	1,485,433.	1,417,771.
9 Program service revenue (Part VIII, line 2g)	33,245,040.	33,077,324.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	440,047.	118,239.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,186,003.	946,570.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,356,523.	35,559,904.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,128,334.	10,114,239.
14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,761,031.	12,438,527.
16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 422,282.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,765,315.	10,332,976.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	33,654,680.	32,885,742.
19 Revenue less expenses. Subtract line 18 from line 12	2,701,843.	2,674,162.

Net Assets or Fund Balances

	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	35,686,295.	37,358,817.
21 Total liabilities (Part X, line 26)	22,759,506.	23,013,083.
22 Net assets or fund balances Subtract line 21 from line 20	12,926,789.	14,345,734.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00151125

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP
200 E. MAIN ST. SUITE 700 FORT WAYNE, IN 46802

EIN ▶ 44-0160260

Phone no ▶ 260-460-4000

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

JSA
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