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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

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010****B Check if applicable**☒ Address change☒ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type. See
Specific
Instruc-
tions.**C Name of organization**
OTTERBEIN UNIVERSITY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1 SOUTH GROVE STREETCity or town, state or country, and ZIP + 4
WESTERVILLE, OH 43081**D Employer identification number**

31-4379532

E Telephone number

(614) 823-1354

G Gross receipts \$ 109,613,744**F Name and address of principal officer**
REBECCA VAZQUEZ-SKILLINGS
1 SOUTH GROVE STREET
WESTERVILLE, OH 43081**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.OTTERBEIN.EDU**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1847**M State of legal domicile**
OH**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities OTTERBEIN UNIVERSITY IS A PRIVATE, CHURCH-RELATED, COEDUCATIONAL UNIVERSITY THAT SPONSORS TRADITIONAL AND CONTINUING EDUCATION PROGRAMS OF LIBERAL ARTS AND PROFESSIONAL EDUCATION		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of employees (Part V, line 2a)	5	1,919
Revenue	6	Total number of volunteers (estimate if necessary)	6	21
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	12,858
	7b	Net unrelated business taxable income from Form 990-T, line 31	7b	-8,354
	8	Contributions and grants (Part VIII, line 1h)	8	3,118,082
Expenses	9	Program service revenue (Part VIII, line 2g)	9	76,255,983
	10	Investment income (Part VIII, column (A), lines 5, 4, and 7d)	10	-16,090,197
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	322,546
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	63,606,414
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	24,907,783
	14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	35,291,974
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	22,300,429
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18	82,500,186
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	19	-18,893,772
	20	Total assets (Part X, line 16)	20	186,285,307
	21	Total liabilities (Part X, line 26)	21	57,827,792
	22	Net assets or fund balances Subtract line 21 from line 20	22	128,457,515

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

5/16/11

Date

Rebecca Vazquez-Skillings, Vice President for Business Affairs

Type or print name and title

**Paid
Preparer's
Use
Only**Preparer's
signature

Rachel Spurlon

Date

5/11/11

Check if
self-
employed ☐Preparer's identifying number
(see instructions)Firm's name (or yours
if self-employed)
address, and ZIP + 4CROWE HORWATH LLP
10 West Broad Street
Suite 1700
Columbus, OH 432153713

EIN ▶

Phone no ▶ (614) 469-0001

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

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

THE MISSION OF OTTERBEIN UNIVERSITY IS TO EDUCATE THE WHOLE PERSON IN A CONTEXT THAT FOSTERS THE DEVELOPMENT OF HUMANE VALUES (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 74,494,929 including grants of \$ 26,250,216) (Revenue \$ 78,059,686)
OTTERBEIN UNIVERSITY'S MISSION IS TO EDUCATE THE WHOLE PERSON AND FOSTER THE DEVELOPMENT OF HUMANE VALUES. OUR COMMITMENT IS TO THE LIBERAL ARTS AS THE BASE OF ALL LEARNING. THREE FEATURES CREATE A DISTINCTIVE LEARNING CULTURE: 1) FROM OUR FOUNDING OTTERBEIN HAS BEEN INTENTIONALLY INCLUSIVE OF WOMEN AND PERSONS OF COLOR, 2) OTTERBEIN'S GOVERNANCE SYSTEM INCLUDES STUDENTS AND FACULTY IN DECISION-MAKING THROUGH A SINGLE COLLEGE SENATE, AND 3) INTERDISCIPLINARY EXPERIENCES THROUGH INTEGRATIVE STUDIES (STUDY OF WORLD CULTURE TO UNDERSTAND HUMAN NATURE AND OUR PLACE IN THE UNIVERSE) AND THE SENIOR YEAR EXPERIENCE (CONNECTING MAJORS TO AN INTERDISCIPLINARY EXPERIENCE). THE AUTUMN TERM ENROLLMENT FOR 2009-2010 WAS 3063, CONSISTING OF 2642 UNDERGRADUATE STUDENTS AND 421 GRADUATE STUDENTS. 552 STUDENTS RECEIVED BACHELORS DEGREES AND 102 RECEIVED MASTERS DEGREES IN 2009-2010.
THE UNIVERSITY BELIEVES THAT LIVING ON CAMPUS SUPPORTS THE MISSION OF EDUCATING THE WHOLE PERSON BY PROVIDING STUDENTS WITH OPPORTUNITIES TO BUILD RELATIONSHIPS WITH PEOPLE FROM DIVERSE BACKGROUNDS AND TO ACTIVELY PARTICIPATE IN CAMPUS LIFE. TO ACHIEVE THESE GOALS THE UNIVERSITY PROVIDES RESIDENCE HALLS WHICH CONTAIN LIVING QUARTERS TO ACCOMMODATE 1-4 PEOPLE AND HAVE LOUNGES, COMPUTER LABS AND ON-SITE LAUNDRY FACILITIES. 45% OF TRADITIONAL AGES STUDENTS LIVED IN CAMPUS HOUSING IN 2009-2010.
IN SUPPORT OF THE WELL BEING OF THE STUDENTS LIVING ON CAMPUS AND THOSE COMMUTING TO CLASSES, THE UNIVERSITY PROVIDES SEVERAL MEAL AND DINING OPTIONS. THE UNIVERSITY BELIEVES THAT TO SUPPORT ITS MISSION, IT IS IMPORTANT FOR STUDENTS TO MAINTAIN GOOD HEALTH WITH PROPER NOURISHMENT.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 74,494,929

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 Yes	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 Yes	
12A Was the organization included in consolidated, independent audited financial statements for the tax year?	12A Yes No	
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III	16 Yes	
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable.		
1a	4,100		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
1c			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	1,919		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	Yes	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
3b			
4a	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)?		No
4a			
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	Yes	
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7d	2		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5 Did the organization become aware during the year of a material diversion of the organization's assets?		No
6 Does the organization have members or stockholders?		No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	Yes	
b Each committee with authority to act on behalf of the governing body?	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		No
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11A Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13 Does the organization have a written whistleblower policy?	Yes	
14 Does the organization have a written document retention and destruction policy?	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		No
b Other officers or key employees of the organization		No
If "Yes" to line a or b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANNE KRIEGER**
 1 SOUTH GROVE ST
 WESTERVILLE, OH 430812006
 (614) 823-1040

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM L EVANS VICE CHAIRMAN	2	X		X				0	0	0
JOHN T HUSTON SECRETARY	2	X		X				0	0	0
JOHN E KING VICE CHAIRMAN	2	X		X				0	0	0
THOMAS C MORRISON CHAIRMAN	2	X		X				0	0	0
PEGGY M RUHLIN ASSISTANT SECRETARY	2	X		X				0	0	0
KATHY A KRENDL PRESIDENT OF THE COLLEGE	50	X		X				147,984	0	23,441
C BRENT DEVORE FORMER PRESIDENT OF THE COLLEGE	50	X		X				621,322	0	47,545
LARRY C BROWN TRUSTEE	2	X						0	0	0
TROY A BURTON TRUSTEE AND STUDENT	2	X						0	0	767
F RAMSEY COATES TRUSTEE	2	X						0	0	0
MARY F HALL TRUSTEE	2	X						0	0	0
ANNA L HALLER TRUSTEE AND STUDENT	2	X						0	0	1,462
WILLIAM E HARRELL JR TRUSTEE	2	X						0	0	0
CHERYL L HERBERT TRUSTEE	2	X						0	0	0
NICHOLAS A HILL TRUSTEE AND PROFESSOR	50	X						84,733	0	7,711
JOSEPH IGNAT TRUSTEE	2	X						0	0	0
CHRISTOPHER KAISER TRUSTEE	2	X						0	0	0
ANGELA D LEWIS TRUSTEE	2	X						0	0	0
JOHN W MAGAW TRUSTEE	2	X						0	0	0
BARBARA SCHAFFNER TRUSTEE AND PROFESSOR	50	X						104,277	0	13,404
KENT D STUCKEY TRUSTEE	2	X						0	0	0
MARK R THRESHER TRUSTEE	2	X						0	0	0
ANNE UPPER TRUSTEE	2	X						0	0	0
AL WATERHOUSE TRUSTEE	2	X						0	0	0
ALEC WIGHTMAN TRUSTEE	2	X						0	0	0
DAVID L MEAD VP FOR BUSINESS AFFAIRS	50			X				169,335	0	19,529
ABIODUN GOKE-PARIOLA VP FOR ACADEMIC AFFAIRS	50				X			155,984	0	28,388
ROBERT M GATTI VP FOR STUDENT AFFAIRS	50					X		142,594	0	29,450
THOMAS H STEIN VP FOR ENROLLMENT	50					X		118,231	0	23,386
HARRIET R FAYNE DEAN SCHOOL OF PROFESSIONAL STUDIES	50					X		120,314	0	16,746
RICHARD B REYNOLDS ASSOC PROFESSOR & ATHLETIC DIRECTOR	50					X		105,540	0	17,905

Form 990 (2009)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Fellow			
1b Total								1,770,314	0	229,734

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
MESSER CONSTRUCTION COMPANY 5158 FISHWICK DRIVE CINCINNATI, OH 46216	CONSTRUCTION	3,777,384
THE NADALIN COMPANY INC 13083 ADAMS ROAD PLAIN CITY, OH 43064	CONSTRUCTION	2,637,337
SAUER GROUP INC 1801 LONE EAGLE STREET COLUMBUS OH 43228	MECHANICAL	299,890
ROUGH BROTHERS INC 5513 VINE STREET CINCINNATI, OH 45217	GREENHOUSE DESIGN	245,930
SPEER MECHANICAL 600 OAKLAND PARK AVENUE COLUMBUS, OH 43214	MECHANICAL	150,406
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 10		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 9,160				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 1,835,126				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,243,746				
	g	Noncash contributions included in lines 1a-1f \$ 10,634					
	h	Total. Add lines 1a-1f		6,088,032			
Program Service Revenue	2a	TUITION AND FEES	Business Code 900099	67,947,375	67,947,375	0	0
	b	RESIDENCE HALLS	721310	5,108,660	5,108,660	0	0
	c	DINING SERVICES	722210	4,043,085	4,043,085	0	0
	d	OTHER AUXILIARY SERVICES	611710	168,914	168,914	0	0
	e	ORGANIZED ACTIVITIES	611710	516,713	516,713	0	0
	f	All other program service revenue	611710	136,527	136,527	0	0
	g	Total. Add lines 2a-2f		77,921,274			
	3	Investment income (including dividends, interest and other similar amounts)		1,141,348	0	0	1,141,348
4	Income from investment of tax-exempt bond proceeds		877	0	0	877	
5	Royalties		0	0	0	0	
Other Revenue	6a	Gross Rents	(i) Real 156,823 (ii) Personal 0				
	b	Less rental expenses	77,164	0			
	c	Rental income or (loss)	79,659	0			
	d	Net rental income or (loss)		79,659	0	0	79,659
	7a	Gross amount from sales of assets other than inventory	(i) Securities 24,149,187 (ii) Other 0				
	b	Less cost or other basis and sales expenses	23,784,389	0			
	c	Gain or (loss)	364,798	0			
	d	Net gain or (loss)		364,798	0	0	364,798
	8a	Gross income from fundraising events (not including \$ 9,160 of contributions reported on line 1c) See Part IV, line 18	a 4,933				
	b	Less direct expenses	b 6,030				
	c	Net income or (loss) from fundraising events		-1,097	0	0	-1,097
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory		0	0	0	0
	Miscellaneous Revenue		Business Code				
	11a	EXTERNAL PRINTING	611710	12,858	0	12,858	0
	b	MISCELLANEOUS	611710	138,412	138,412	0	0
c			0	0	0	0	
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		151,270				
12	Total revenue. See Instructions		85,746,161	78,059,686	12,858	1,585,585	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	164,487	164,487		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	25,975,840	25,975,840		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	109,889	109,889		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	759,697	0	689,061	70,636
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	27,290	27,290	0	0
7	Other salaries and wages	26,905,355	23,445,688	2,620,301	839,366
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,643,823	1,454,446	146,879	42,498
9	Other employee benefits	4,416,520	2,897,550	1,451,273	67,697
10	Payroll taxes	1,953,961	1,669,379	225,875	58,707
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	74,487	28,625	44,706	1,156
c	Accounting	98,038	0	98,038	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	117,527	0	117,527	0
g	Other	5,214,537	4,934,300	244,759	35,478
12	Advertising and promotion	758,092	59,425	639,311	59,356
13	Office expenses	3,348,819	2,928,529	334,020	86,270
14	Information technology	767,412	410,567	323,313	32,532
15	Royalties	0	0	0	0
16	Occupancy	3,394,162	2,400,647	848,264	145,251
17	Travel	997,649	937,896	34,927	24,826
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	683,340	541,173	102,758	39,409
20	Interest	1,946,157	1,895,162	50,995	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	3,611,411	3,259,299	295,942	56,170
23	Insurance	598,489	418,559	179,930	0
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	BAD DEBTS & COLLECTION COSTS	538,745	538,745	0	0
b	MISCELLANEOUS	397,433	397,433	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	84,503,160	74,494,929	8,447,879	1,560,352
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	0	0	0	0

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,084	1	2,800
	2 Savings and temporary cash investments	15 178 406	2	16,818 131
	3 Pledges and grants receivable, net	2,313 499	3	1 664 893
	4 Accounts receivable, net	497 587	4	919 448
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	2,955 183	7	3 038 726
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	853 732	9	989 346
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	134 809 760		
	b Less: accumulated depreciation	40,527 916		
	11 Investments—publicly traded securities	95 806,118	10c	94 281,844
	12 Investments—other securities. See Part IV, line 11	64 301 951	11	70,178,684
	13 Investments—program-related. See Part IV, line 11	552,002	12	598 459
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,823 745	15	4,039 362	
	186 285 307	16	192,531 693	
Liabilities	17 Accounts payable and accrued expenses	8 640 411	17	7 433 279
	18 Grants payable	0	18	0
	19 Deferred revenue	1 899,789	19	1,684 716
	20 Tax-exempt bond liabilities	44 766 615	20	43 614 596
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	2,520,977	25	2,393 738
	26 Total liabilities. Add lines 17 through 25	57 827 792	26	55 126 331
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	82 853 719	27	87 497 752
	28 Temporarily restricted net assets	20 946 494	28	24 676 763
	29 Permanently restricted net assets	24 657 302	29	25 230 847
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33 Total net assets or fund balances	128 457 515	33	137 405 362
	34 Total liabilities and net assets/fund balances	186 285,307	34	192 531 693

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990. If the organization changed its method of accounting from a prior year or checked "Other," explain in schedule O <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Form **990** (2009)

SCHEDULE A
(Form 990 or
990EZ)

Department of the
Treasury
Internal Revenue
Service

Name of the organization
OTTERBEIN UNIVERSITY

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

2009

Open to Public
Inspection

Employer identification number

31-4379532

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 1 box.)

- 1 ☐ A church, convention of churches, or association of churches **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).**
- 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 - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- 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 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) the organization supports

(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 support?
			Yes	No	Yes	No	Yes	No	
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 11285F

Schedule A (Form 990 or 990-EZ)
2009

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support. (Add lines 7 through 10)						
12 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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test-2009. 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. <input type="checkbox"/>		
b 33 1/3% support test-2008. If the organization did not check the 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. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test-2009. 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. <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2008. 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. <input type="checkbox"/>		
18 Private Foundation 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 IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 in line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
c 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 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private Foundation 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

Facts And Circumstances Test

Explanation

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D
(Form 990)Department of the
Treasury
Internal Revenue
Service**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009Open to Public
Inspection**Name of the organization**
OTTERBEIN UNIVERSITY**Employer identification number**
31-4379532**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):
☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 52283D

Schedule D (Form 990)
2009

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	55,465,267	73,124,692			
b Contributions	699,058	162,469			
c Investment earnings or losses	7,634,457	-15,073,701			
d Grants or scholarships	1,168,110	1,411,011			
e Other expenditures for facilities and programs	1,323,646	1,337,182			
f Administrative expenses					
g End of year balance	61,307,026	55,465,267			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ☐ 40.26 %
- b Permanent endowment ☐ 59.74 %
- c Term endowment ☐ _____

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	<input type="checkbox"/> 3a(i)	<input type="checkbox"/> No
(ii) related organizations	<input type="checkbox"/> 3a(ii)	<input type="checkbox"/> No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	7,000,970		7,000,970
b Buildings	0	94,107,384	20,924,072	73,183,312
c Leasehold improvements	0	10,677,577	4,191,997	6,485,580
d Equipment	0	20,453,747	14,125,368	6,328,379
e Other	0	2,570,082	1,286,479	1,283,603
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				94,281,844

Schedule D (Form 990) 2009

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITIES AND TRUSTS PAYABLE	531,093
DEPOSITS	83,573
ADVANCES FROM FEDERAL GOVERNMENT & STUDENT LOANS	1,779,072
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	
	2,393,738

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	85,746,161
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	84,503,160
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,243,001
4	Net unrealized gains (losses) on investments	4	7,704,846
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	7,704,846
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,947,847

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	67,330,645
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	7,704,846
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	83,194
e	Add lines 2a through 2d	2e	7,788,040
3	Subtract line 2e from line 1	3	59,542,605
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	117,827
b	Other (Describe in Part XIV)	4b	26,085,729
c	Add lines 4a and 4b	4c	26,203,556
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	85,746,161

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	58,382,798
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	83,194
e	Add lines 2a through 2d	2e	83,194
3	Subtract line 2e from line 1	3	58,299,604
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	117,827
b	Other (Describe in Part XIV)	4b	26,085,729
c	Add lines 4a and 4b	4c	26,203,556
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	84,503,160

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE COLLEGE'S ENDOWMENT CONSISTS OF APPROXIMATELY 400 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS (BOARD-DESIGNATED ENDOWMENT FUNDS) AS REQUIRED BY GAAP. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING BOARD-DESIGNATED ENDOWMENT FUNDS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. THE COLLEGE HAS INTERPRETED OUPMIFA AS REQUIRING PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION, THE COLLEGE CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUNDS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE COLLEGE IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY OUPMIFA. IN ACCORDANCE WITH DONOR RESTRICTIONS AND BOARD DESIGNATIONS, APPROPRIATIONS FROM THE ENDOWMENT FUNDS ARE USED TO SUPPORT SCHOLARSHIPS AND LOANS, FACULTY AND ACADEMIC PROGRAM SUPPORT, STUDENT PRIZES AND AWARDS AND GENERAL OPERATIONS OF THE COLLEGE.
FIN 48 footnote	Schedule D, Part X, Line 2	THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. FOR THE YEARS ENDED JUNE 30, 2010 AND 2009, THE COLLEGE HAD NO TAX EXPENSE WITH REGARD TO UNRELATED BUSINESS INCOME. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBES RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TAX BENEFITS WILL BE RECOGNIZED ONLY IF A TAX

Identifier	Return Reference	Explanation
		<p>POSITION IS MORE-LIKELY-THAN-NOT SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED. MANAGEMENT HAS CONCLUDED THAT THEY ARE UNAWARE OF ANY TAX BENEFITS OR LIABILITIES TO BE RECOGNIZED AT JUNE 30, 2010.</p> <p>THE COLLEGE WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. THE COLLEGE HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES FOR THE YEAR ENDED JUNE 30, 2010. WITH A FEW EXCEPTIONS, THE COLLEGE IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007. THE COLLEGE DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.</p>
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	RENT EXPENSE - 77164, SPECIAL EVENT EXPENSE - 6030, OTHER - 0, TOTAL - 83194
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	SCHOLARSHIPS & GRANTS-IN-AID - 26085729, OTHER - 0, TOTAL - 26085729
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	RENT EXPENSE - 77164, SPECIAL EVENT EXPENSE - 6030, OTHER - 0, TOTAL - 83194
Other expenses in form 990 not in audited financial statements	Schedule D, Part XIII, Line 4b	SCHOLARSHIPS & GRANTS-IN-AID - 26085729, OTHER - 0, TOTAL - 26085729

Schedule D (Form 990) 2009

**SCHEDULE E
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
ServiceName of the organization
OTTERBEIN UNIVERSITY**Schools**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009Open to Public
Inspection**Employer identification number**

31-4379532

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. ADVERTISEMENTS PLACED IN LOAL NEWSPAPERS ANNOUNCING REGISTRATION DATES AND PROGRAMS INCLUDE A SUMMARY STATEMENT OF THE UNIVERSITY'S NONDISCRIMINATION POLICY	Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions?	Yes	
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)		
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
h Other extracurricular activities?		No
If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)		
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
b Has the organization's right to such aid ever been revoked or suspended?		No
If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	Yes	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50085D

Schedule E (Form 990 or 990-EZ) 2009

**SCHEDULE F
(Form 990)**

Department of the
Treasury
Internal Revenue
Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
OTTERBEIN UNIVERSITY

Employer identification number

31-4379532

Part I General Information on Activities Outside the United States. Complete if the organization answered
"Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activities per Region** (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	STUDY ABROAD	32,774
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	STUDY ABROAD	103,083
SUB SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD	26,495
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PASSIVE INVESTMENTS		
Totals ►	0	2			162,352

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

[illegible]

**Schedule I
(Form 990)**

OMB No. 1545-0047

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

2009

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Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
OTTERBEIN UNIVERSITY

Employer identification number
31-4379532

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI PO BOX 691031 CINCINNATI, OH 45269	31-6000989	501(C)(3)	40,308				SERVICE LEARNING SUPPORT
OHIO CAMPUS COMPACT 615 N PEARL STREET GRANVILLE, OH 43023	31-1577478	501(C)(3)	22,293				SERVICE LEARNING SUPPORT
BOWLING GREEN STATE UNIVERSITY 106 UNIVERSITY HALL BOWLING GREEN, OH 43403	34-6402018	501(C)(3)	16,933				SERVICE LEARNING SUPPORT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	7,000				SERVICE LEARNING SUPPORT
CENTRAL STATE UNIVERSITY BRUSH ROW ROAD WILBERFORCE, OH 45384	31-0675386	501(C)(3)	6,344				SERVICE LEARNING SUPPORT
CUYAHOGA COMMUNITY COLLEGE 11000 PLEASANT VALLEY ROAD PARMA, OH 44130	23-7320719	501(C)(3)	5,000				SERVICE LEARNING SUPPORT
MARIETTA COLLEGE 215 FIFTH STREET MARIETTA, OH 45750	31-4379584	501(C)(3)	5,680				SERVICE LEARNING SUPPORT
MIAMI UNIVERSITY - HAMILTON 1601 PECK BLVD HAMILTON, OH 45011	31-6402089	501(C)(3)	5,000				SERVICE LEARNING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations	11
3 Enter total number of other organizations	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009

**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization
OTTERBEIN UNIVERSITY

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

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31-4379532

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT UNION COLLEGE 1972 CLARK AVE ALLIANCE, OH 44601	34-0714687	501(C)(3)	18,228				SERVICE LEARNING SUPPORT
UNIVERSITY OF AKRON 302 BUTCHEL COMMON AKRON, OH 44325	34-6002924	501(C)(3)	11,201				SERVICE LEARNING SUPPORT
WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HIGHWAY DAYTON, OH 45435	31-0732831	501(C)(3)	10,475				SERVICE LEARNING SUPPORT

**Schedule J
(Form 990)**

Department of the
Treasury
Internal Revenue
Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, question 23.**
▶ **Attach to Form 990. ▶ See separate instructions.**

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Name of the organization
OTTERBEIN UNIVERSITY

Employer identification number
31-4379532

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b	No
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50053T Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Travel for companions	Schedule J, Part I, Line 1a	THE PRESIDENT'S SPOUSE PARTICIPATES IN AN ANNUAL ALUMNI EVENT CALLED CARDINAL MIGRATION HELD AT VARIOUS PLACES THROUGHOUT THE UNITED STATES. ATTENDANCE IS AT THE REQUEST OF THE UNIVERSITY AND IS NOT DEEMED TO BE TAXABLE COMPENSATION.
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	THE UNIVERSITY PROVIDED SOCIAL CLUB DUES FOR THE PRESIDENT AND VICE-PRESIDENT FOR ADVANCEMENT TO THE EXTENT THAT ANY SUCH USAGE WAS FOR PERSONAL PURPOSES. THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE PERSON.
Personal services	Schedule J, Part I, Line 1a	CLEANING SERVICES ARE PROVIDED TO THE PRESIDENT. NO PART OF THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION.
Severance or change-of-control payment	Schedule J, Part I, Line 4a	C BRENT DEVORE - \$431,641.

Schedule J (Form 990) 2009

**Schedule K
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization
OTTERBEIN UNIVERSITY

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organizations answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

31-4379532

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A STATE OF OHIO HIGHER ED FACILITY COMMISSION	34-6849674	67756BQE3	11-09-2005	13,257,941	STUDENT HOUSING		X		X
B STATE OF OHIO HIGHER ED FACILITY COMMISSION	34-6849674	67756BUZ1	08-23-2007	11,254,836	STUDENT HOUSING		X		X
C STATE OF OHIO HIGHERED FACILITY COMMISSION	34-6849674	67756BWN6	07-09-2008	21,140,144	EDUCATIONAL FACILITIES		X		X
D									
E									

Part II Proceeds

	A		B		C		D		E	
	13,760,728	11,358,549	21,262,800							
1 Total proceeds of issue										
2 Gross proceeds in reserve funds	0	0	1,184,469							
3 Proceeds in refunding or defeasance escrows	0	0	0							
4 Other unspent proceeds	0	0	0							
5 Issuance costs from proceeds	314,742	254,836	239,175							
6 Working capital expenditures from proceeds	0	0	0							
7 Capital expenditures from proceeds	12,943,199	11,000,000	17,000,000							
8 Year of substantial completion	2007	2008	2009							

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?		X		X		X				
10 Were the bonds issued as part of an advance refunding issue?		X		X		X				
11 Has the final allocation of proceeds been made?	X		X		X					
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X				
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50193E

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X							
3b Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0.3 %		0.3 %		0.4 %				
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %				
6 Total of lines 4 and 5		0.3 %		0.3 %		0.4 %				
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2 Is the bond issue a variable rate issue?		X		X		X				
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b Name of provider										
c Term of hedge	0.0									
4a Were gross proceeds invested in a GIC?		X		X		X				
b Name of provider										
c Term of GIC	0.0									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6 Did the bond issue qualify for an exception to rebate?	X		X		X					

Schedule K (Form 990) 2009

Department of the
Treasury
Internal Revenue
Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

Open to Public Inspection

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958: \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 50056A Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE O
(Form 990)**Department of the
Treasury
Internal Revenue
ServiceName of the organization
OTTERBEIN UNIVERSITY**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Employer identification number

31-4379532

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND THE PRESIDENT OF THE UNIVERSITY REVIEWED THE COMPLETED FORM 990 IN DETAIL ON APRIL 25, 2011 PRIOR TO FILING WITH THE IRS. THE ENTIRE BOARD OF TRUSTEES IS GIVEN ACCESS TO THE FILING COPY PRIOR TO FILING WITH THE IRS.
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ALL BOARD MEMBERS AND OFFICERS SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. STAFF IN THE PRESIDENT'S OFFICE REVIEW THE SIGNED FORMS FOR COMPLETENESS AND DISCLOSURE OF CONFLICTS. ANY MEMBER WHO HAS A CONFLICT OF INTEREST RECUSES HIMSELF OR HERSELF FROM THE DISCUSSION AND VOTING OF THE RELATED TOPICS AT BOARD MEETINGS. ALL INTERESTED PERSONS, INCLUDING BOARD MEMBERS, OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED INDIVIDUALS ALSO COMPLETE AN ANNUAL QUESTIONNAIRE REGARDING POTENTIAL CONFLICTS WHICH MIGHT EXIST. THE RESPONSES TO THIS QUESTIONNAIRE ARE REVIEWED BY THE OFFICE OF BUSINESS AFFAIRS. THE EMPLOYEE HANDBOOK HAS A CONFLICT OF INTEREST STATEMENT THAT COVERS ALL EMPLOYEES OF THE UNIVERSITY.
Public Disclosure	Form 990, Part VI, Section C, Line 19	NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC.
Financial aid or assistance from a governmental agency	Schedule E, Line 6a	THE UNIVERSITY RECEIVES FUNDING FROM THE FEDERAL GOVERNMENT FOR STUDENT FEDERAL WORK-STUDY AND FEDERAL OPPORTUNITY GRANTS. THE COLLEGE ALSO PARTICIPATES IN THE PERKINS LOAN PROGRAM. IN ADDITION, STUDENTS AT OTTERBEIN MAY RECEIVE GRANTS OR LOANS THROUGH THE FEDERAL PELL GRANT, FEDERAL SMART GRANT, FEDERAL ACADEMIC COMPETITIVE GRANT, FEDERAL STAFFORD LOAN AND FEDERAL PLUS PROGRAMS OR THROUGH SIMILAR STATE PROGRAMS.
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUED FROM CORE FORM PART III) FOUNDED IN 1847 OTTERBEIN UNIVERSITY IS A PRIVATE, COEDUCATIONAL, COMPREHENSIVE UNIVERSITY AFFILIATED WITH THE UNITED METHODIST CHURCH THAT SPONSORS TRADITIONAL AND CONTINUING EDUCATION PROGRAMS OF LIBERAL ARTS AND PROFESSIONAL EDUCATION AT BACCALAUREATE AND MASTER'S LEVELS. OUR COMMITMENT IS TO THE LIBERAL ARTS AS THE BROAD BASE OF ALL LEARNING. THE UNIVERSITY OFFERS A CHOICE OF 56 MAJORS AND 41 MINORS, AS WELL AS INDIVIDUALIZED COURSES OF STUDY, IN THE CONTEXT OF A RICH HISTORY OF A LIBERAL ARTS EDUCATION. THE UNIVERSITY HAS 4 GRADUATE PROGRAMS IN BUSINESS ADMINISTRATION, EDUCATION AND NURSING.
ISSUANCE COSTS FROM PROCEEDS	SCHEDULE K, PART II, LINE 5	COLUMN A LINE 5 ISSUANCE COSTS ISSUANCE COSTS \$173,420 CREDIT ENHANCEMENT FEE \$141,322 TOTAL ISSUANCE COST IN COLUMN A LINE 5 \$314,742 COLUMN B LINE 5 ISSUANCE COSTS ISSUANCE COSTS \$164,093 CREDIT ENHANCEMENT FEE \$90,742 TOTAL ISSUANCE COST IN COLUMN B LINE 5 \$254,835 COLUMN C LINE 5 ISSUANCE COSTS ISSUANCE COSTS \$216,075 CREDIT ENHANCEMENT FEE \$23,100 TOTAL ISSUANCE COST IN COLUMN C LINE 5 \$239,175
FORM 990, SCHEDULE L, PART III	GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS	AS PER IRS INSTRUCTIONS FOR FORM 990 SCHEDULE L, SCHOOLS ARE NOT REQUIRED TO IDENTIFY INTERESTED PERSONS TO WHOM THEY PROVIDED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE. COLUMNS (A) AND (B) SHOULD BE LEFT BLANK FOR THESE LINES.
PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL, OTHER OFFICERS, AND KEY EMPLOYEES	FORM 990, PART VI, SECTION B, LINE 15A AND 15B	THE BOARD OF TRUSTEES IS RESPONSIBLE FOR SETTING COMPENSATION FOR THE PRESIDENT. THE BOARD REVIEWED AND APPROVED THE LEVEL OF COMPENSATION FOR THE CURRENT PRESIDENT BASED ON VARIOUS FACTORS, INCLUDING THE REVIEW OF PRESIDENTIAL COMPENSATION PACKAGES AT COMPARABLE INSTITUTIONS AND REVIEW OF THE MARKET FOR CANDIDATES WITH SIMILAR LEVELS OF EXPERTISE AS THE CANDIDATE. THE EXECUTIVE COMMITTEE OF THE BOARD, IN COORDINATION WITH THE PRESIDENT, ESTABLISHES PERFORMANCE GOALS FOR EACH ANNUAL PERIOD. COMPENSATION INCREASES ARE TIED TO ANNUAL PERFORMANCE REVIEWS. THE UNIVERSITY HAS CONDUCTED A COMPREHENSIVE COMPENSATION STUDY FOR ALL OTHER EMPLOYEES AND WILL DO SO ANNUALLY. THE PRESIDENT SETS COMPENSATION FOR VICE PRESIDENTS USING THE COMPENSATION STUDY. OTHER INDUSTRY COMPENSATION COMPILATIONS AND COMPARING SIMILARLY SITUATED INSTITUTIONS.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51056K

Schedule O (Form 990) 2009

201019601087

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/16/2010	201019601087	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50 00	00	00	.00	00

Receipt

This is not a bill. Please do not remit payment

METZ, BAILEY & MCLOUGHLIN
WILLIAM J. MCLOUGHLIN
33 E SCHROCK RD
WESTERVILLE, OH 43081

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

305210

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OTTERBEIN UNIVERSITY

and, that said business records show the filing and recording of:

Document(s):

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

201019601087



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 9th day of July, A.D. 2010.

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

Ohio Secretary of State

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - 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 Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization OTTERBEIN COLLEGE	Employer identification number 31-4379532
	Number, street, and room or suite no. If a P.O. box, see instructions ONE OTTERBEIN COLLEGE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WESTERVILLE, OH 43081-2006	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ LYNNE SCHNEIDER

Telephone No ▶ 614-823-1354

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year 20____ or
- ▶ ☒ tax year beginning JULY 1, 2009, and ending JUNE 30, 2010.




2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are 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 original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization OTTERBEIN COLLEGE		Employer identification number 31-4379532
	Number, street, and room or suite no. If a P O box, see instructions ONE OTTERBEIN COLLEGE		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions WESTERVILLE, OH 43081-2006		

Check type of return to be filed (File a separate application for each return)

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **LYNNE SCHNEIDER**

Telephone No **614-823-1354**FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **5/16**, 20**11**.
- 5 For calendar year , or other tax year beginning **07/01**, 20**09**, and ending **6/30**, 20**10**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$	NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Rachel Spurlock**Title **CPA**Date **11/29/11**