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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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ANTIOCH UNIVERSITY Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 150 E South College Street City or town, state or country, and ZIP + 4 Yellow Springs, OH 45387	D Employer identification number 31-0536640 E Telephone number (937) 769-1372 G Gross receipts \$ 94,385,684
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F Name and address of principal officer Tullisse Murdock 150 E South College Street Yellow Springs, OH 45387	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
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I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ www.antioch.edu	L Year of formation 1852 M State of legal domicile OH
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Antioch University is founded on principles of rigorous liberal arts education, innovative experiential learning and socially engaged citizenship. The multiple campuses of the University nurture in their students the knowledge, skills and habits of reflection to excel as lifelong learners, democratic leaders and global citizens who live lives of meaning and purpose.					
	2 Check this box <input checked="" 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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">3</td> <td align="right">13</td> </tr> </table>	3	13		
3	13					
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">4</td> <td align="right">13</td> </tr> </table>	4	13		
4	13					
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">5</td> <td align="right">1,867</td> </tr> </table>	5	1,867		
5	1,867					
	6 Total number of volunteers (estimate if necessary)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">6</td> <td align="right">300</td> </tr> </table>	6	300		
6	300					
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">7a</td> <td align="right">80,287</td> </tr> </table>	7a	80,287		
7a	80,287					
	7b Net unrelated business taxable income from Form 990-T, line 34	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">7b</td> <td align="right">-5,541</td> </tr> </table>	7b	-5,541		
7b	-5,541					
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:40%;"></td> <td style="width:30%; text-align: center;">Prior Year</td> <td style="width:25%; text-align: center;">Current Year</td> </tr> </table>			Prior Year	Current Year
		Prior Year	Current Year			
	8 Contributions and grants (Part VIII, line 1h)	14,726,212	4,235,098			
	9 Program service revenue (Part VIII, line 2g)	70,305,636	69,086,017			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-28,648,168	284,658			
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137,526	46,563			
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,521,206	73,652,336			
Expenses						
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,614,234	1,480,978			
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	45,365,345	48,065,336			
	16a Professional fundraising fees (Part IX, column (A), line 11e)	14,520	10,600			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,613,408					
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	20,811,824	22,814,208			
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	67,805,923	72,371,122			
	19 Revenue less expenses Subtract line 18 from line 12	-11,284,717	1,281,214			
Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:40%;"></td> <td style="width:30%; text-align: center;">Beginning of Current Year</td> <td style="width:25%; text-align: center;">End of Year</td> </tr> </table>			Beginning of Current Year	End of Year
		Beginning of Current Year	End of Year			
	20 Total assets (Part X, line 16)	78,359,822	75,026,645			
	21 Total liabilities (Part X, line 26)	47,417,024	36,452,931			
	22 Net assets or fund balances Subtract line 21 from line 20	30,942,798	38,573,714			

Part II Signature Block

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

Sign Here	Signature of officer Date 2012-02-08	
	Par Sabetty Vice Chancellor and CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Firm's name ▶ Firm's address ▶	Preparer's signature Date	Check if self-employed <input type="checkbox"/>	PTIN Firm's EIN ▶ Phone no ▶
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
Antioch University is founded on principles of rigorous liberal arts education, innovative experiential learning and socially engaged citizenship. The multiple campuses of the University nurture in their students the knowledge, skills and habits of reflection to excel as lifelong learners, democratic leaders and global citizens who live lives of meaning and purpose.

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 \$ 57,791,536 including grants of \$ 1,480,978) (Revenue \$ 71,715,885)
Antioch University is a bold and enduring source of innovation in higher education serving over 4,000 adult students around the world and across the country, online and from its five campuses in four states in addition to its University-wide international and doctoral programs. Each campus offers degree programs that meet and often anticipate the pressing needs of its region and the wider world. Many programs are distinctive in their field (a top-ranked M.F.A. in creative writing at our Los Angeles campus, at our Santa Barbara campus, an M.A. in education with an emphasis in social justice, at McGregor, a cutting-edge program in Conflict Analysis), some programs have changed their field entirely (the Green M.B.A. at our New England campus). The University is also home to the landmark Ph.D. in Leadership and Change, Antioch Education Abroad, an exceptional slate of immersive service and study programs, and WYSO, a leading public radio affiliate and an essential source of global news and opinion. As a result, our global network of 30,000 alumni are marked by their commitment to enlightened leadership, global awareness, and lasting engagement with the concerns of their professions and their communities. Together, students and alumni, faculty and staff form a visionary community that strikes a rare and essential balance between idealism and experience.

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses \$ 57,791,536

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)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
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? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d 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? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		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? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

<p>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? <i>If "Yes," complete Schedule I, Parts I and II</i></p>	<p>21</p>	<p></p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule I, Parts I and III</i></p>	<p>22</p>	<p>Yes</p>	<p></p>
<p>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? <i>If "Yes," complete Schedule J</i></p>	<p>23</p>	<p>Yes</p>	<p></p>
<p>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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i></p>	<p>24a</p>	<p>Yes</p>	<p></p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>	<p></p>	<p>No</p>
<p>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?</p>	<p>24c</p>	<p></p>	<p>No</p>
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>	<p></p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25a</p>	<p></p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25b</p>	<p></p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part II</i></p>	<p>26</p>	<p></p>	<p>No</p>
<p>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i></p>	<p>27</p>	<p></p>	<p>No</p>
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>	<p></p>	<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>	<p></p>	<p>No</p>
<p>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28c</p>	<p></p>	<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>	<p>Yes</p>	<p></p>
<p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p>	<p>30</p>	<p></p>	<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>	<p></p>	<p>No</p>
<p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p>	<p>32</p>	<p>Yes</p>	<p></p>
<p>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? <i>If "Yes," complete Schedule R, Part I</i></p>	<p>33</p>	<p></p>	<p>No</p>
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i></p>	<p>34</p>	<p></p>	<p>No</p>
<p>35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35</p>	<p></p>	<p>No</p>
<p>a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>36</p>	<p></p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p>37</p>	<p></p>	<p>No</p>
<p>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</p>	<p>38</p>	<p>Yes</p>	<p></p>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	5,570		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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	1,867		
2b	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 (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
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)?	Yes	
4b	If "Yes," enter the name of the foreign country: <u>UK</u> See instructions for 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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2 (No), 3 (Yes), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA, NH, OH, WA
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. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: J Pari Sabety, 150 E South College Street, Yellow Springs, OH 453871635, (937) 769-1304.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,476,388	0	560,401	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **24**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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
Sungard Higher Ed Bank of America Lockbox Serv Chicago, IL 60693	Management Consultant	1,562,779
Martin Browne Hull Harper 1 S Limestone St Ste 800 Springfield, OH 45501	Legal	299,254
Evan L Scott 625 W South College Street Yellow Springs, OH 45387	Marketing Consultant	255,310
Official Payments 3550 Engineering Drive Suite 400 Norcross, GA 30092	Credit Card Processor	251,151
Medical Benefits Admin Inc 1975 Tamarack Rd Newark, OH 430581099	Claims Processor	188,371

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 **9**

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	19,330				
	b Membership dues 1b	0				
	c Fundraising events 1c	47,408				
	d Related organizations 1d	0				
	e Government grants (contributions) 1e	2,756,977				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,411,383				
	g Noncash contributions included in lines 1a-1f \$	19,408				
	h Total. Add lines 1a-1f ▼	4,235,098				
	Program Service Revenue	2a Education of Students	900099	69,086,017	69,086,017	0
b _____						
c _____						
d _____						
e _____						
f All other program service revenue			0	0	0	
g Total. Add lines 2a-2f ▼			69,086,017			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		335,426	335,426	0	
	4 Income from investment of tax-exempt bond proceeds ▼		0	0	0	
	5 Royalties ▼		2,000	2,000	0	
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss) ▼					
	7a Gross amount from sales of assets other than inventory	(i) Securities	20,643,323			0
		(ii) Other				0
		b Less cost or other basis and sales expenses	20,694,091			0
		c Gain or (loss)	-50,768			0
	d Net gain or (loss) ▼		-50,768	-50,768	0	
	8a Gross income from fundraising events (not including \$ 47,408 of contributions reported on line 1c) See Part IV, line 18	a				0
b Less direct expenses b			39,257			
c Net income or (loss) from fundraising events ▼			-39,257		0	
9a Gross income from gaming activities See Part IV, line 19 a	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼					
	10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory ▼						
Miscellaneous Revenue		Business Code				
11a Parking Lot		812930	66,770	0	66,770	
	b Rental of excess space	531120	17,050	3,533	13,517	
	c _____					
	d All other revenue		0	0	0	
e Total. Add lines 11a-11d ▼		83,820				
12 Total revenue. See Instructions ▼		73,652,336	69,376,208	80,287	-39,257	

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	0	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,480,978	1,480,978		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,214,493	227,285	1,407,955	579,253
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	35,207,603	30,703,784	3,564,356	939,463
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,167,480	2,752,530	329,400	85,550
9	Other employee benefits	4,566,116	3,610,987	840,400	114,729
10	Payroll taxes	2,909,644	2,499,220	328,494	81,930
a	Fees for services (non-employees)				
	Management	1,107,995	0	1,107,995	0
b	Legal	304,928	0	304,928	0
c	Accounting	128,275	16,775	111,500	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	10,600			10,600
f	Investment management fees	6,760	0	6,760	0
g	Other	3,190,385	2,222,623	879,709	88,053
12	Advertising and promotion	1,460,366	1,151,192	16,365	292,809
13	Office expenses	3,309,501	1,984,671	1,130,755	194,075
14	Information technology	1,095,478	564,512	511,989	18,977
15	Royalties	0	0	0	0
16	Occupancy	4,226,492	4,183,779	31,620	11,093
17	Travel	1,505,120	1,112,581	337,510	55,029
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,064,321	628,599	389,703	46,019
20	Interest	487,594	486,600	994	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	2,022,872	1,804,781	218,091	0
23	Insurance	59,160	47,343	11,817	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Bad Debt Expense	250,430	92,692	157,738	0
b	Memberships & dues	552,642	386,261	159,254	7,127
c	Subscriptions and publications	434,962	418,060	15,127	1,775
d					
e					
f	All other expenses	1,606,927	1,416,283	103,718	86,926
25	Total functional expenses. Add lines 1 through 24f	72,371,122	57,791,536	11,966,178	2,613,408
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	886,519	1	797,214
	2 Savings and temporary cash investments	7,277,640	2	3,675,254
	3 Pledges and grants receivable, net	604,476	3	1,897,464
	4 Accounts receivable, net	651,055	4	1,215,558
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L	0	6	0
	7 Notes and loans receivable, net	5,427,757	7	5,344,074
	8 Inventories for sale or use	325,491	8	359,763
	9 Prepaid expenses and deferred charges	1,401,610	9	1,833,754
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	43,907,099		
	b Less accumulated depreciation	18,787,291	10c	25,119,808
	11 Investments—publicly traded securities	22,689,420	11	26,818,767
	12 Investments—other securities See Part IV, line 11	1,690,610	12	6,555,991
	13 Investments—program-related See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets See Part IV, line 11	11,589,538	15	1,408,998
16 Total assets. Add lines 1 through 15 (must equal line 34)	78,359,822	16	75,026,645	
Liabilities	17 Accounts payable and accrued expenses	6,320,208	17	6,778,011
	18 Grants payable	0	18	0
	19 Deferred revenue	4,053,234	19	3,019,688
	20 Tax-exempt bond liabilities	20,765,000	20	19,905,000
	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	350,000
	25 Other liabilities Complete Part X of Schedule D	16,278,582	25	6,400,232
	26 Total liabilities. Add lines 17 through 25	47,417,024	26	36,452,931
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	23,332,270	27	25,999,860
	28 Temporarily restricted net assets	3,501,359	28	8,279,892
	29 Permanently restricted net assets	4,109,169	29	4,293,962
	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		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	30,942,798	33	38,573,714	
34 Total liabilities and net assets/fund balances	78,359,822	34	75,026,645	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	73,652,336
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,371,122
3	Revenue less expenses Subtract line 2 from line 1	3	1,281,214
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,942,798
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,349,702
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	38,573,714

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	Yes	
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 separate basis, consolidated 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	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ANTIOCH UNIVERSITY

Employer identification number

31-0536640

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - 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?
- h Provide the following information about the supported organization(s)

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

(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									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. 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 **b 33 1/3% support test—2009.** 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 **17a 10%-facts-and-circumstances test—2010.** 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 **b 10%-facts-and-circumstances test—2009.** 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 **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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 on 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization ANTIOCH UNIVERSITY

Employer identification number 31-0536640

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 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?

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)?

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 \$

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
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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	3,515,588	25,319,935	29,500,960		
b Contributions	334,124	70,015	338,913		
c Investment earnings or losses	3,754,020	1,239,303	-4,004,810		
d Grants or scholarships	15,090	19,128	230,768		
e Other expenditures for facilities and programs	38,668	69,354	200,584		
f Administrative expenses	0	23,025,183	83,776		
g End of year balance	7,549,974	3,515,588	25,319,935		

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

- a** Board designated or quasi-endowment 4 %
- b** Permanent endowment 96 %
- c** Term endowment 0 %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	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	224,220		224,220
b Buildings	0	33,930,844	12,677,989	21,252,855
c Leasehold improvements	0	540,602	287,666	252,936
d Equipment	0	5,106,780	4,000,623	1,106,157
e Other	0	4,104,653	1,821,013	2,283,640
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				25,119,808

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	73,652,336
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,371,122
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,281,214
4	Net unrealized gains (losses) on investments	4	4,814,930
5	Donated services and use of facilities	5	1,509,603
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	25,169
9	Total adjustments (net) Add lines 4 - 8	9	6,349,702
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,630,916

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	80,277,801
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,814,930
b	Donated services and use of facilities	2b	1,804,554
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	-33,276
e	Add lines 2a through 2d	2e	6,586,208
3	Subtract line 2e from line 1	3	73,691,593
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	0
b	Other (Describe in Part XIV)	4b	-39,257
c	Add lines 4a and 4b	4c	-39,257
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	73,652,336

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

1	Total expenses and losses per audited financial statements	1	72,632,797
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	294,951
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	294,951
3	Subtract line 2e from line 1	3	72,337,846
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	0
b	Other (Describe in Part XIV)	4b	33,276
c	Add lines 4a and 4b	4c	33,276
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	72,371,122

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
SchD_P05_S00_L01f	Schedule D, Part V, Line 1f	For tax year 2010, there are no administrative costs as the endowment is 100% passively invested The fees for the minor transactions made during the year have been waived For tax year 2009, Actual admin costs were \$27,649 As part of the sale of the assets associated with Antioch College (see Schedule N for details) the endowment historically associated with Antioch College was transferred to Continuation Fund, Inc The amount of this transfer is shown in line 1f and was \$22,997,534
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The endowment of the University can be broken down into the following general categories 32% student aid, 68% general institutional support
SchD_P10_S00_L01	Schedule D, Part X, Line 1	Liabilities to be disposed of relate to the sale of the assets associated with Antioch College (See Schedule N for further details) These liabilities have an equal amount recorded as an asset of the University as of June 30, 2011 They are still held as of June 30, 2011 for legal or other reasons Most of these assets have been transferred to Antioch College Continuation Corporation and Continuation Fund, Inc The few remaining assets will be transferred to Antioch College Continuation Corporation at the earliest possible time
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Changes in fair value of interest rate swap (\$73,759) Postretirement changes other than net periodic postretirement cost \$59,671 Special event expenses netted with revenue for 990 \$39,257
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	\$33,276 is bad debt expense This expenses is netted with other income in the audit report, but it reported as an expense in the form 990
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	\$39,257 are the direct expenses related to special events These expenses are reported as expenses in the audit report, but are reported net with special event revenue in the form 990
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	\$33,276 is bad debt expense This expenses is netted with other income in the audit report, but it reported as an expense in the form 990

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2010

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ANTIOCH UNIVERSITY

Employer identification number

31-0536640

Part I

- 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?
- 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?
- 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. If you need more space use Part II.

	YES	NO
1	Yes	
2	Yes	
3		No

- 4** Does the organization maintain the following?
 - a** Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d** Copies of all material used by the organization or on its behalf to solicit contributions?
 If you answered "No" to any of the above, please explain. If you need more space, use Part II.

4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	

- 5** Does the organization discriminate by race in any way with respect to
 - a** Students' rights or privileges?
 - b** Admissions policies?
 - c** Employment of faculty or administrative staff?
 - d** Scholarships or other financial assistance?
 - e** Educational policies?
 - f** Use of facilities?
 - g** Athletic programs?
 - h** Other extracurricular activities?
 If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No

- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
 - 6b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II.
- 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 Part II.

6a	Yes	
6b		No
7	Yes	

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	<p>Antioch University, formerly known as Antioch College, has a proud history of being one of the first institutions in the mid 1850's to admit African Americans into the same academic programs as whites. It is also notably the alma mater of Coretta Scott King and others who worked for the civil rights movements of the 1960's. Shortly after its incorporation in 1852, it amended its articles of incorporation to provide that, "nor shall religious or theological opinions of any kind or considerations of race, creed, or national origin ever be used as a basis for excluding a person from its benefits." The University has since expanded its policy of nondiscrimination requiring that "Antioch provides equal opportunity for all qualified applicants and does not discriminate on the basis of race, color, gender, ancestry, religion, national origin, sexual orientation, gender identity, family status or disability in matters affecting employment or in providing access to programs." It now includes its nondiscrimination policy statement in all brochures and other recruitment materials as well as in the course catalog. Finally, the policy is clearly posted on the website of each University campus and program. Further, as per section 4 03 paragraph c, the University currently enrolls students of racial minorities in meaningful numbers. Per section 4 03 paragraph b of Rev. Proc. 75-50, 1975-2 CB 587, the University is not required to further annually publish its nondiscriminatory policy in the local community because it draws a substantial percentage of its students from a nationwide or large geographical area, as well as internationally.</p>
SchE_P01_S00_L06	Schedule E, Part I, Line 6	<p>The University participates in the Federal Financial Aid program administered by the Department of Education, as well as grant programs from the various states the University operates in.</p>

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization ANTIOCH UNIVERSITY

Employer identification number 31-0536640

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>WYSO Silent Auction</u> (event type)	<u>WYSO Ira Glass</u> (event type)	<u>2</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	79,015	58,089	30,299	167,403
	2 Less Charitable contributions	66,235	5,000	9,503	80,738
	3 Gross income (line 1 minus line 2)	12,780	53,089	20,796	86,665
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	1,750	2,974	0	4,724
	7 Food and beverages	5,047	3,142	2,708	10,897
	8 Entertainment	0	5,000	0	5,000
	9 Other direct expenses	620	515	17,501	18,636
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				39,257
11 Net income summary Combine lines 3 and 10 in column (d) ▶				47,408	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ANTIOCH UNIVERSITY

Employer identification number 31-0536640

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?
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. Part II can be duplicated if additional space is needed.

Table with 8 columns: (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.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Student Financial Aid	5000	1,480,978	0	Fair Market Value	

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	The University follows the guidelines set by the Department of Education, and State Governments, to ensure that grants to students are awarded to eligible recipients. All documentation regarding the awarding of these grants is maintained in the student file.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ANTIOCH UNIVERSITY

Employer identification number

31-0536640

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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.</p>		No								
<p>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?</p>	Yes									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>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:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>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.</p>		No								
<p>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.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Tullisse Murdock	(i)	260,150	0	2,849	79,929	12,875	355,803	0
	(ii)	0	0	0	0	0	0	0
(2) Thomas Faecke	(i)	203,607	0	-8,661	100,559	19,034	314,539	0
	(ii)	0	0	0	0	0	0	0
(3) David Caruso	(i)	195,612	0	6,657	63,352	3,244	268,865	0
	(ii)	0	0	0	0	0	0	0
(4) Michael Fishbein	(i)	186,492	0	-4,024	59,699	12,067	254,234	0
	(ii)	0	0	0	0	0	0	0
(5) Cassandra Manuelito Kerkvliet	(i)	206,565	0	189	68,064	8,339	283,157	0
	(ii)	0	0	0	0	0	0	0
(6) Neal King	(i)	209,167	0	9,947	27,205	9,175	255,494	0
	(ii)	0	0	0	0	0	0	0
(7) Nancy Leffert	(i)	185,652	0	-5,825	56,399	12,760	248,986	0
	(ii)	0	0	0	0	0	0	0
(8) Leslie Johnson	(i)	62,118	0	-1,903	25,538	7,289	93,042	0
	(ii)	0	0	0	0	0	0	0
(9) Laurien Alexandre	(i)	168,114	0	-3,149	19,500	8,485	192,950	0
	(ii)	0	0	0	0	0	0	0
(10) David Houser	(i)	150,000	0	1,104	16,640	2,642	170,386	0
	(ii)	0	0	0	0	0	0	0
(11) Katherine Clarke	(i)	128,000	0	1,261	16,763	9,787	155,811	0
	(ii)	0	0	0	0	0	0	0
(12) Zak Sharif	(i)	128,948	0	-332	15,925	7,704	152,245	0
	(ii)	0	0	0	0	0	0	0
(13) Tracey Thompson	(i)	122,500	0	-5,377	15,438	13,625	146,186	0
	(ii)	0	0	0	0	0	0	0
(14) Timothy Jordan	(i)	118,752	0	-2,637	11,837	13,589	141,541	0
	(ii)	0	0	0	0	0	0	0
(15) Mary Lou Lapierre	(i)	91,052	0	48,961	0	7,213	147,226	0
	(ii)	0	0	0	0	0	0	0
(16)								

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
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	The University provides a housing allowance to certain officers. The terms of the allowance and how it is to be used are outlined in the officer's employment contract. The allowance has been reviewed and approved by the executive committee. First class airline tickets are allowed only in accordance with the University travel policy. Charter travel is not provided.
SchJ_P01_S00_L01b	Schedule J, Part I, Line 1b	The University does not maintain a written policy regarding the housing allowance. However, the awarding of the allowance is reviewed and approved by the executive committee of the Board of Governors each year. Further, the terms and uses of the allowance are outlined in the officer's employment contract.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Mary Lou LaPierre received a severance amount during fiscal year 2011.

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

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

2010

▶ **Attach to Form 990. ▶ See separate instructions.**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
ANTIOCH UNIVERSITY

Employer identification number
31-0536640

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Ohio Higher Education Facility Commission	34-6849674	67756BRB8	03-03-2006	13,795	Refund of June 1997 and 2000 bonds and new construction 2006		X		X		X
B	New Hampshire Health and Education Facilities Authority	02-0279866	644614KR9	12-17-2004	4,320	Refund of bonds issued in April 1993 and costs of issuance		X		X		X
C	Washington State Housing Finance Commission	91-1874730	93978LCK0	05-18-2005	6,780	Refund of bonds issued in June 1996 and costs and issuance		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	2,620,000	965,000	1,405,000	
2 Amount of bonds legally defeased	0	0	0	
3 Total proceeds of issue	14,654,823	4,398,335	6,849,787	
4 Gross proceeds in reserve funds	222,086	108,231	177,346	
5 Capitalized interest from proceeds	657,034	0	0	
6 Proceeds in refunding escrow	1,761,255	4,186,055	6,573,373	
7 Issuance costs from proceeds	252,984	150,315	135,600	
8 Credit enhancement from proceeds	125,678	40,248	68,487	
9 Working capital expenditures from proceeds	0	0	0	
10 Capital expenditures from proceeds	12,172,030	0	0	
11 Other spent proceeds	0	0	0	
12 Other unspent proceeds	0	0	0	
13 Year of substantial completion	2007	2004	2006	
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X	X
15 Were the bonds issued as part of an advance refunding issue?		X		X
16 Has the final allocation of proceeds been made?	X		X	X
17 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	
	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c 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 05 %							
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 %							
6 Total of lines 4 and 5	0 05 %							
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	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 entered into a hedge with respect to the bond issue?	X		X		X			
b Name of provider	PNC		PNC		Morgan Stanley			
c Term of hedge	7 4		7 4		3 3			
d Was the hedge superintegrated?		X		X		X		
e Was a hedge terminated?		X		X		X		
4a Were gross proceeds invested in a GIC?		X		X		X		
b Name of provider								
c Term of GIC								
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			

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization
ANTIOCH UNIVERSITY

Employer identification number
31-0536640

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	70	0	Sale Price
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		0	Sale Price
5 Clothing and household goods	X		0	Sale Price
6 Cars and other vehicles				
7 Boats and planes	X	1	0	Sale Price
8 Intellectual property				
9 Securities—Publicly traded	X	3	19,048	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	7	0	Sale Price
19 Food inventory	X	6	0	Sale Price
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SchM_P01_S00_L00	Schedule M, Part I	In column (b) the number reported is the number of items received For line 9 Securities--publicly traded, each single donation is considered an item, not each share received
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	A third party service processes the donation of cars, boats and vehicles Only the net proceeds are forwarded to the University All reporting paperwork is completed by the third party
SchM_P01_S00_L33	Schedule M, Part I, Line 33	No revenue was reported for these items as they were items received for use in a silent auction Only the proceeds of the auction were recorded as cash donations

Schedule M (Form 990) 2010

Part I Liquidation, Termination or Dissolution *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3	<input type="checkbox"/>	<input type="checkbox"/>
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," did the organization provide such notice?	4b	<input type="checkbox"/>	<input type="checkbox"/>
5	Did the organization discharge or pay all liabilities in accordance with state laws?	5	<input type="checkbox"/>	<input type="checkbox"/>
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a	<input type="checkbox"/>	<input type="checkbox"/>
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	6b	<input type="checkbox"/>	<input type="checkbox"/>
c	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III			

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Part III if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	Historical Antioch College Endowment, Private Investments	07-15-2010	10,983,920	Appraisal	27-0633051	Continuation Fund Inc 1 Morgan Place Yellow Springs, OH 45387	501(c)3
	Annuity Trusts	07-31-2010	582,559	Actual Cost	26-1672457	Antioch College Corporation 1 Morgan Place Yellow Springs, OH 45387	501(c)3
	Gift Annuities	08-31-2010	525,823	Actual Cost	26-1672457	Antioch College Corporation 1 Morgan Place Yellow Springs, OH 45387	501(c)3
	Historical Antioch College Endowment	04-29-2011	132,197	Actual Cost	27-0633051	Continuation Fund Inc 1 Morgan Place Yellow Springs, OH 45387	501(c)3
	Charitable Remainder Trust	06-30-2011	65,709	Actual Cost	26-1672457	Antioch College Corporation 1 Morgan Place Yellow Springs, OH 45387	501(c)3

2	Did or will any officer, director, trustee, or key employee of the organization	Yes	No
a	Become a director or trustee of a successor or transferee organization?	2a	<input type="checkbox"/>
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	<input type="checkbox"/>
c	Become a direct or indirect owner of a successor or transferee organization?	2c	<input type="checkbox"/>
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	<input type="checkbox"/>
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III		

Part III Supplemental Information. Complete to provide the information required by Parts I and II, and any additional information.

Identifier	Return Reference	Explanation
SchN_P01_S00_L01	Schedule N, Part I, Line 1	<p>On June 29, 2009, the University Board of Governors signed an asset purchase agreement with Antioch College Continuation Corporation ("ACCC") to sell the assets historically associated with the College, Glen Helen Ecology Institute and the Antioch Review for an agreed upon price of \$5 million plus an additional \$1 08 million to retire the remainder of the University bonds related to improvements on the College campus In addition, the University agreed to transfer the portion of the endowment historically associated with Antioch College to a supporting organization which will be a separate non-profit Ohio Corporation known as the Continuation Fund, Inc ("CFI") The CFI's articles of incorporation will specifically provide that the supported organization is ACCC, or in the alternative, and upon certain triggers, Antioch University The triggers include (a) a failure by ACCC to obtain or maintain accreditation (7 years to obtain initial accreditation), (b) suspension or cessation of College operations, (c) entry of a decree in bankruptcy by ACCC, or (d) dissolution of ACCC The transaction was finalized on September 4, 2009 Certain assets were not available to be transferred at the at time due to legal restrictions As those restrictions are lifted, the assets are being transferred per the agreement See Notes 1 and 17 of the audit report for discussion of discontinued operations</p>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
ANTIOCH UNIVERSITY

Employer identification number

31-0536640

Identifier	Return Reference	Explanation
F990_P06_S0A_L03	Form 990, Part VI, Section A, Line 3	The position of Chief Information Officer and the three Information Technology Directors are filled by employees of Sungard Higher Education as a part of the service contract the University has entered into with that organization

Identifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	The 990 was reviewed by management and a copy was provided to the full Board of Governors ("BOG") Questions from the BOG were reviewed and discussed by the Audit Committee with management prior to filing of the form

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The University Conflict of Interest policy is reviewed annually by each officer and member of the Board of Governors (as well as local campus Board of Trustees) Each individual signs a form annually confirming they have reviewed and understand the policy and disclosing any conflicts they may have The Board of Governor's annually reviews these forms and approves a resolution stating that all officers and board members have submitted their form If any conflicts are noted, the board will review the relationship and transaction and determine if further action is necessary

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	<p>For fiscal year 2011, the executive committee of the BOG met to consider the compensation of the Chancellor. They reviewed industry data from several reputable sources. These sources included survey data of dozens of industry peers. In addition, the committee would take into consideration the financial health of the institution and the increases provided to other key employees within the University. The committee held discussions and ultimately voted upon the compensation provided to the Chancellor for the following year. For other officers and key employees, the Chancellor reviewed industry data for comparable institutions. In addition, performance evaluations were completed. Compensation recommendations for these employees is based on this data as provided by the Chancellor to the executive committee, who then voted on the final compensation.</p>

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The University's governing documents are not made available to the public. If an individual or organization wishes to request a copy of these documents, the request will be evaluated by the Chancellor or her designee as to the appropriateness of making the documents available. The conflict of interest policy and financial statements are available on the University's website.

Identifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	Other changes in net assets are a result of reconciling the 990 reporting to the audited financial statements. A detailed reconciliation can be found on Schedule D Part XI, XII and XIII. In summary the changes are a result of unrealized gains (\$4.8 million), donated services (\$1.5 million), change in actuarial value of post-retirement liabilities (\$60 thousand), change in the fair value of interest rate swaps (\$74 thousand), special event direct expenses (\$39 thousand).

Additional Data

Software ID: 10000077
Software Version: v1.00
EIN: 31-0536640
Name: ANTIOCH UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Josef Blass Governor	5	X						0	0	0
Sharon Bloome Governor	5	X						0	0	0
Howard Coleman Board Treasurer	5	X						0	0	0
Maureen Curley Governor	5	X						0	0	0
William Graves Governor	5	X						0	0	0
Sherwood Guernsey II Governor	5	X						0	0	0
Reuben Harris Governor	5	X						0	0	0
Jeffrey Kasch Governor	5	X						0	0	0
Ancella Livers Governor	5	X						0	0	0
Sharon Merriman Governor	5	X						0	0	0
Janet Morgan Governor	5	X						0	0	0
James Morley Governor	5	X						0	0	0
Charlotte Roberts Governor	5	X						0	0	0
Lawrence Stone Vice Chair	5	X						0	0	0
Arthur J Zucker Board Chair	20	X						0	0	0
Tullisse Murdock Chancellor, President, CEO and Secretary of Corp	55			X				283,598	0	44,698
Thomas Faecke VC and CFO , Treasurer of Corp	55			X				194,946	0	43,830
David Caruso Campus President, VP of Corporation	55			X				202,269	0	64,675
Michael Fishbein Campus President, VP of Corporation	55			X				182,468	0	70,684
Cassandra Manuelito Kerkvliet Campus President, VP of Corporation	55			X				206,754	0	74,749
Neal King Campus President, VP of Corporation	55			X				219,114	0	34,670
Nancy Leffert Campus President, VP of Corporation	55			X				179,827	0	35,367
Leslie Johnson Assistant Secretary of Corporation	55			X				60,215	0	14,762
Laurien Alexandre Vice Chancellor Acad Affairs	55				X			164,965	0	32,635
David Houser VP for Finance, LA	40					X		151,104	0	20,823

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Katherine Clarke Core Faculty, NE	40					X		129,261	0	25,333
Zak Sharif Chair, Dept of Ed Leadership, MW	40					X		128,616	0	23,450
Tracey Thompson VP Instl Advancement, NE	40					X		117,123	0	28,478
Timothy Jordan VP for Finance and Admin, NE	40					X		116,115	0	27,991
Mary Lou Lapierre Vice Chancellor Development	40						X	140,013	0	18,256