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Form 990

Return of Organization Exempt From Income Tax

2010

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

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

C Name of organization
OTTERBEIN UNIVERSITY

Address change

Doing Business As

Initial return

Number and street (or P O box if mail is not delivered to street address)
1 South Grove Street

D Employer identification number

31-4379532

Terminated

Room/suite

Amended return

City or town, state or country, and ZIP + 4
Westerville, OH 43081

E Telephone number

(614) 823-1354

Application pending

F Name and address of principal officer
REBECCA VAZQUEZ-SKILLINGS
1 South Grove Street
Westerville, OH 43081H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

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

J Website: ► WWW OTTERBEIN EDU

K Form of organization Corporation Trust Association Other ►

L Year of formation 1847

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities

OTTERBEIN UNIVERSITY IS A PRIVATE, CHURCH-RELATED, COEDUCATIONAL UNIVERSITY THAT SPONSORS TRADITIONAL AND CONTINUING EDUCATION PROGRAMS OF LIBERAL ARTS AND PROFESSIONAL EDUCATION

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

3 Number of voting members of the governing body (Part VI, line 1a)

3 24

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 20

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

5 1,902

6 Total number of volunteers (estimate if necessary)

6 21

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 18,021

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,088,032	3,472,104
9 Program service revenue (Part VIII, line 2g)	77,921,274	82,452,044
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,507,023	5,939,530
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	229,832	515,354
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,746,161	92,379,032

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,250,216	28,398,866
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)	35,706,646	35,797,547
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	35,000
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,731,182		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	22,546,298	22,781,953
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	84,503,160	87,013,366
19 Revenue less expenses Subtract line 18 from line 12	1,243,001	5,365,666

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	192,531,693	205,631,736
21 Total liabilities (Part X, line 26)	55,126,331	53,448,530
22 Net assets or fund balances Subtract line 21 from line 20	137,405,362	152,183,206

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	2012-04-02 Date
	REBECCA VAZQUEZ-SKILLINGS VP FOR BUSINESS AFFAIRS Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► CROWE HORWATH LLP				Firm's EIN ►
	Firm's address ► 10 West Broad Street Suite 1700 Columbus, OH 432153713				Phone no ► (614) 469-0001

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

Part III Statement of Program Service Accomplishments

Statement of Program Service Accomplishments
Check if Schedule O contains a response to any question in this Part III

to describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule C

Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes No

If "Yes," describe these changes on Schedule Q.

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 \$ 76,957,281 including grants of \$ 28,398,866) (Revenue \$ 82,865,205

OTTERBEIN UNIVERSITY'S COMMITMENT IS TO THE LIBERAL ARTS AS THE BASE OF ALL LEARNING THREE FEATURES CREATE A DISTINCTIVE LEARNING CULTURE
1) FROM OUR FOUNDING OTTERBEIN HAS BEEN INTENTIONALLY INCLUSIVE OF WOMEN AND PERSONS OF COLOR, 2) OTTERBEIN'S GOVERNANCE SYSTEM
INCLUDES STUDENTS AND FACULTY IN DECISION-MAKING THROUGH A SINGLE COLLEGE SENATE, AND 3) INTERDISCIPLINARY EXPERIENCES THROUGH
INTEGRATIVE STUDIES (STUDY OF WORLD CULTURE TO UNDERSTAND HUMAN NATURE AND OUR PLACE IN THE UNIVERSE) AND THE SENIOR YEAR EXPERIENCE
(CONNECTING MAJORS TO AN INTERDISCIPLINARY EXPERIENCE) THE AUTUMN TERM ENROLLMENT FOR 2010-2011 WAS 3,095, CONSISTING OF 2,674
UNDERGRADUATE STUDENTS AND 421 GRADUATE STUDENTS 577 STUDENTS RECEIVED BACHELORS DEGREES AND 146 RECEIVED MASTERS DEGREES IN 2010-
2011 THE UNIVERSITY BELIEVES THAT LIVING ON CAMPUS SUPPORTS THE MISSION OF EDUCATING THE WHOLE PERSON BY PROVIDING STUDENTS WITH
OPPORTUNITIES TO BUILD RELATIONSHIPS WITH PEOPLE FROM DIVERSE BACKGROUNDS AND TO ACTIVELY PARTICIPATE IN CAMPUS LIFE (CONTINUED IN
SCHEDULE O)

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

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

4d Other program services. (Describe in Schedule O.)

4e. Total program service expenses **\$ 76,957,281**

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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? If "Yes," complete Schedule C, Part II

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? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

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? If "Yes," complete Schedule D, Part VI.

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? If "Yes," complete Schedule D, Part VII.

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? If "Yes," complete Schedule D, Part VIII.

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? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

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)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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)

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13	Yes	
14a	Yes	
14b	Yes	
15		No
16	Yes	
17	Yes	
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	24a	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b	No	
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c	No	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	No	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a	No	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input checked="" type="checkbox"/>	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		28a	No	
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35	No	
36	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)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	36	No	
37	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	3,543
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,902
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	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)?	4a	No
b	If "Yes," enter the name of the foreign country ► 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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	No
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	8
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	9a	
a	Did the organization make any taxable distributions under section 4966?	9b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
<p>Note. See the instructions for additional information the organization must report on Schedule O</p>			
b	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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

1a Enter the number of voting members of the governing body at the end of the tax year

1a	24
1b	20

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a		
1b		
2		No
3		No
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.)

10a Does the organization have local chapters, branches, or affiliates?

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a		No
15b		No
16a		No
16b		

Section C. Disclosure

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

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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 ►
 Anne Krieger
 1 South Grove St
 Westerville, OH 430812006
 (614) 823-1040

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			
See Additional Data Table									
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							1,854,005	0	231,356

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 **►9**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 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? If "Yes," complete Schedule J for such individual	4 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? If "Yes," complete Schedule J for such person	5	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
COMMONFUND 15 OLD DANBURY ROAD WILTON, CT 06897	INVESTMENT MANAGEMENT	122,665
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 ►1		

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	7,985			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,392,819			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,071,300			
	g Noncash contributions included in lines 1a-1f \$		12,420			
h Total. Add lines 1a-1f			3,472,104			
Program Service Revenue	2a TUITION AND FEES	Business Code				
		900099	72,129,088	72,129,088		
	b RESIDENCE HALLS	721310	5,411,940	5,411,940		
	c DINING SERVICES	722210	4,079,075	4,079,075		
	d OTHER AUXILIARY SERVICES	611710	129,826	129,826		
	e ORGANIZED ACTIVITIES	611710	576,656	576,656		
	f All other program service revenue		125,459	125,459	0	0
g Total. Add lines 2a-2f		82,452,044				
3 Investment income (including dividends, interest and other similar amounts)			1,237,449		1,237,449	
4 Income from investment of tax-exempt bond proceeds			709		709	
5 Royalties			0			
6a Gross Rents	(I) Real	(II) Personal				
	157,271					
b Less rental expenses	76,893					
c Rental income or (loss)	80,378	0				
d Net rental income or (loss)			80,378		80,378	
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
	34,445,872	219,445				
b Less cost or other basis and sales expenses	29,837,442	126,503				
c Gain or (loss)	4,608,430	92,942				
d Net gain or (loss)			4,701,372		4,701,372	
8a Gross income from fundraising events (not including \$ <u>7,985</u> of contributions reported on line 1c) See Part IV, line 18						
a		10,251				
b Less direct expenses	b	6,457				
c Net income or (loss) from fundraising events			3,794		3,794	
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			0			
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			0			
Miscellaneous Revenue	Business Code					
11a INSURANCE PROCEEDS	611710	250,000	250,000			
b EXTERNAL PRINTING	611710	18,021	18,021			
c MISCELLANEOUS		163,161	163,161			
d All other revenue		0	0	0	0	
e Total. Add lines 11a-11d		431,182				
12 Total revenue. See Instructions		92,379,032	82,865,205	18,021	6,023,702	

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	54,953	54,953		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	28,254,139	28,254,139		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	89,774	89,774		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees . . .	935,031	226,083	640,164	68,784
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			
7 Other salaries and wages	26,929,378	23,497,027	2,614,990	817,361
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	1,473,011	1,305,028	138,571	29,412
9 Other employee benefits . . .	4,540,718	3,197,029	1,266,113	77,576
10 Payroll taxes	1,919,409	1,654,057	211,934	53,418
a Fees for services (non-employees)				
Management	0			
b Legal	178,987	139,603	39,384	
c Accounting	102,816		102,816	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17 . . .	35,000			35,000
f Investment management fees	122,665		122,665	
g Other	5,559,674	5,090,998	251,822	216,854
12 Advertising and promotion	587,842	40,080	502,443	45,319
13 Office expenses	3,726,541	3,313,480	339,707	73,354
14 Information technology	805,646	481,206	294,442	29,998
15 Royalties	0			
16 Occupancy	3,355,486	2,386,366	806,591	162,529
17 Travel	1,196,001	1,144,757	34,284	16,960
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	704,861	572,608	90,059	42,194
20 Interest	1,777,502	1,728,927	48,575	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,687,093	3,350,352	274,318	62,423
23 Insurance	535,117	361,509	173,608	
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 DEBTS & COLLECTIONS COSTS	441,722	69,305	372,417	
b				
c				
d				
e				
f All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24f	87,013,366	76,957,281	8,324,903	1,731,182
26 Joint costs. Check here <input checked="" 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	0			

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	2,800	1 2,650
	2 Savings and temporary cash investments	16,818,131	2 18,320,168
	3 Pledges and grants receivable, net	1,664,893	3 262,599
	4 Accounts receivable, net	919,448	4 1,067,198
	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	3,038,726	7 3,161,835
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	989,346	9 918,815
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	136,228,858	
	10a	136,228,858	
	10b Less accumulated depreciation	44,160,822	10c 92,068,036
	11 Investments—publicly traded securities	70,178,684	11 84,769,716
	12 Investments—other securities See Part IV, line 11	598,459	12 674,925
	13 Investments—program-related See Part IV, line 11	0	13 0
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	4,039,362	15 4,385,794
	16 Total assets. Add lines 1 through 15 (must equal line 34)	192,531,693	16 205,631,736
Liabilities	17 Accounts payable and accrued expenses	7,433,279	17 6,632,717
	18 Grants payable	18	
	19 Deferred revenue	1,684,716	19 1,827,773
	20 Tax-exempt bond liabilities	43,614,598	20 42,432,582
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities Complete Part X of Schedule D	2,393,738	25 2,555,458
	26 Total liabilities. Add lines 17 through 25	55,126,331	26 53,448,530
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	87,497,752	27 95,118,276
	28 Temporarily restricted net assets	24,676,763	28 31,445,155
	29 Permanently restricted net assets	25,230,847	29 25,619,775
	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	137,405,362	33 152,183,206
	34 Total liabilities and net assets/fund balances	192,531,693	34 205,631,736

Part XI Reconciliation of Net AssetsCheck 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	92,379,032
2	Total expenses (must equal Part IX, column (A), line 25)	2	87,013,366
3	Revenue less expenses Subtract line 2 from line 1	3	5,365,666
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	137,405,362
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,412,178
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	152,183,206

Part XII Financial Statements and ReportingCheck 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? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c 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 <input type="checkbox"/>	2c	Yes
2d 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? <input type="checkbox"/>	3a	Yes
3b 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 <input type="checkbox"/>	3b	Yes

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****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
OTTERBEIN UNIVERSITY

Employer identification number

31-4379532

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

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

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

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

Department of the Treasury
Internal Revenue Service**Name of the organization**
OTTERBEIN UNIVERSITY**Employer identification number**

31-4379532

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
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? Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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	61,307,026	55,465,267	73,124,692		
b Contributions	6,692,166	699,058	162,469		
c Investment earnings or losses	14,314,136	7,634,457	-15,073,701		
d Grants or scholarships	1,285,566	1,168,110	1,411,011		
e Other expenditures for facilities and programs	1,617,306	1,323,646	1,337,182		
f Administrative expenses					
g End of year balance	79,410,456	61,307,026	55,465,267		

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

a Board designated or quasi-endowment ► 45 814 %

b Permanent endowment ► 54 186 %

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
3a(i)	No
3a(ii)	No
3b	

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

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		7,066,376			7,066,376
b Buildings		94,550,743	22,943,978		71,606,765
c Leasehold improvements		11,130,202	4,730,569		6,399,633
d Equipment		21,105,795	15,112,220		5,993,575
e Other		2,375,742	1,374,055		1,001,687
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					92,068,036

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

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

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

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

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

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

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	92,379,032
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	87,013,366
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,365,666
4	Net unrealized gains (losses) on investments	4	9,412,178
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	9,412,178
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,777,844

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	73,407,982
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	9,412,178
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	83,350
e	Add lines 2a through 2d	2e	9,495,528
3	Subtract line 2e from line 1	3	63,912,454
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	122,665
b	Other (Describe in Part XIV)	4b	28,343,913
c	Add lines 4a and 4b	4c	28,466,578
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	92,379,032

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

1	Total expenses and losses per audited financial statements	1	58,630,138
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	83,350
e	Add lines 2a through 2d	2e	83,350
3	Subtract line 2e from line 1	3	58,546,788
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	122,665
b	Other (Describe in Part XIV)	4b	28,343,913
c	Add lines 4a and 4b	4c	28,466,578
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	87,013,366

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 400 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS (BOARD-DESIGNATED ENDOWMENT FUNDS) AS REQUIRED BY GAAP. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING BOARD-DESIGNATED ENDOWMENT FUNDS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. THE UNIVERSITY HAS INTERPRETED OUPMIFA AS REQUIRING PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS. ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY AS A RESULT OF THIS INTERPRETATION, THE UNIVERSITY CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUNDS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE UNIVERSITY IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY OUPMIFA. IN ACCORDANCE WITH DONOR RESTRICTIONS AND BOARD DESIGNATIONS, APPROPRIATIONS FROM THE ENDOWMENT FUNDS ARE USED TO SUPPORT SCHOLARSHIPS AND LOANS, FACULTY AND ACADEMIC PROGRAM SUPPORT, STUDENT PRIZES AND AWARDS AND GENERAL OPERATIONS OF THE UNIVERSITY.
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. FOR THE YEARS ENDED JUNE 30, 2011 AND 2010, THE UNIVERSITY HAD NO TAX EXPENSE WITH REGARD TO UNRELATED BUSINESS INCOME. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PREScribes RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT. RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TAX BENEFITS WILL BE RECOGNIZED ONLY IF A TAX POSITION IS MORE-LIKELY-THAN-NOT SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED. MANAGEMENT HAS CONCLUDED THAT THEY ARE UNAWARE OF ANY TAX BENEFITS OR LIABILITIES TO BE RECOGNIZED AT JUNE 30, 2011 AND 2010. THE UNIVERSITY WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. THE UNIVERSITY HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES FOR THE YEAR ENDED JUNE 30, 2011 AND 2010. WITH A FEW EXCEPTIONS, THE UNIVERSITY IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008. THE UNIVERSITY DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.

2010

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(Form 990 or 990-EZ)**Schools**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue ServiceName of the organization
OTTERBEIN UNIVERSITY

Employer identification number

31-4379532

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	Yes	

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?

b 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 401 through 405 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 II 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
Financial aid or assistance from a governmental agency	Schedule E, Line 6a	THE UNIVERSITY RECEIVES FUNDING FROM THE FEDERAL GOVERNMENT FOR STUDENT FEDERAL WORK-STUDY AND FEDERAL OPPORTUNITY GRANTS. THE COLLEGE ALSO PARTICIPATES IN THE PERKINS LOAN PROGRAM. IN ADDITION, STUDENTS AT OTTERBEIN MAY RECEIVE GRANTS OR LOANS THROUGH THE FEDERAL PELL GRANT, FEDERAL SMART GRANT, FEDERAL ACADEMIC COMPETITIVE GRANT, FEDERAL STAFFORD LOAN AND FEDERAL PLUS PROGRAMS OR THROUGH SIMILAR STATE PROGRAMS

2010

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InspectionSCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Name of the organization
OTTERBEIN UNIVERSITY

Employer identification number

31-4379532

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	STUDY ABROAD	18,471
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	STUDY ABROAD	66,444
SUB SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD	30,304
SOUTH AMERICA	0	1	PROGRAM SERVICES	STUDY ABROAD	25,454
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PASSIVE INVESTMENTS		31,258,000
EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTS		55,140
SOUTH AMERICA			GRANTS		26,550
EAST ASIA AND THE PACIFIC			GRANTS		6,084
MIDDLE EAST AND NORTH AFRICA			GRANTS		2,000
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	3			31,488,447

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Part V if additional space is needed.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule F, Part I, Line 2	THE UNIVERSITY PROVIDES SCHOLARSHIPS AND FINANCIAL AID TO OFFSET THE COST OF TUITION AND LIVING EXPENSES FOR STUDENTS. THESE FUNDS ARE AWARDED THROUGH THE UNIVERSITY'S FINANCIAL AID OFFICE BASED ON A COMBINATION OF MERIT AND NEED AND ARE DISBURSED DIRECTLY TO THE STUDENT'S BILLING ACCOUNT WITH THE UNIVERSITY. IN CERTAIN CASES, STUDENTS WHO ARE PARTICIPATING IN TRAVEL AND STUDY AS PART OF ACADEMIC COURSE WORK MAY BE ABLE TO WITHDRAW SOME OF THOSE FUNDS TO USE TO COVER EXPENSES ASSOCIATED WITH THE OFF-CAMPUS STUDY

2010

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InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

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 ServiceName of the organization
OTTERBEIN UNIVERSITY

Employer identification number

31-4379532

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 <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and e-mail solicitations	f <input checked="" type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(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
		Yes	No			
RUFFALOCODY 65 KIRKWOOD NORTH ROAD SW	FUNDRAISING - TELETHON		No	89,971	35,000	54,971
CEDAR RAPIDS, IA 524063018						
Total ►				89,971	35,000	54,971

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

OH

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 CRAIG JOHNSON FUND (event type)	(b) Event #2 SENIOR SHOWCASE GALA (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
1	Gross receipts . . .	8,770	9,466	18,236
	Less Charitable contributions . . .		7,985	7,985
	Gross income (line 1 minus line 2) . . .	8,770	1,481	10,251
Direct Expenses	4 Cash prizes . . .			0
	5 Non-cash prizes . . .			0
	6 Rent/facility costs . . .		500	500
	7 Food and beverages . . .	2,496	2,416	4,912
	8 Entertainment . . .		100	100
	9 Other direct expenses . . .		945	945
	10 Direct expense summary Add lines 4 through 9 in column (d)			6,457
	11 Net income summary Combine lines 3 and 10 in column (d)			3,794

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))
1	Gross revenue . . .			
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
SCHEDULE G, PART I, LINE 2	CONTRACT FOR FUNDRAISING SERVICES	IF RUFFALOCODY PROCESSES ANY PRINTING, MAILING OR SHIPPING, AT THE REQUEST OF OTTERBEIN UNIVERSITY, THEN ALL DIRECT COSTS INCURRED BY RUFFALOCODY IN CONNECTION WITH SUCH ACTIVITIES WILL BE REIMBURSED BY OTTERBEIN UNIVERSITY THE SERVICE CONTRACT DOES NOT INCLUDE AN ESTIMATE OF REIMBURSED COSTS IN ITS FEE

**Schedule I
(Form 990)**

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
OTTERBEIN UNIVERSITY

Employer identification number

31-4379532

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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) SCHOLARSHIPS AND GRANTS FOR TUITION	2610	28,254,139			

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
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	THE MAJORITY OF GRANTS AND ASSISTANCE PROVIDED BY THE UNIVERSITY IS IN THE FORM OF SCHOLARSHIPS AND FINANCIAL AID TO OFFSET THE COST OF TUITION, ROOM AND BOARD FOR ITS STUDENTS. THESE FUNDS ARE AWARDED THROUGH THE COLLEGE'S FINANCIAL AID OFFICE BASED ON A COMBINATION OF MERIT AND NEED AND ARE DISBURSED DIRECTLY TO THE STUDENT'S BILLING ACCOUNT WITH THE COLLEGE. IN ADDITION, THE COLLEGE MAKES A LIMITED NUMBER OF GRANTS TO OTHER ORGANIZATIONS.

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection**Name of the organization**
OTTERBEIN UNIVERSITY**Employer identification number**
31-4379532**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input checked="" 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 checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input 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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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) KATHY A KRENDL	(i) 294,176 (ii) 0	0	2,497 0	15,000 0	45,062 0	356,735 0	0 0
(2) ABIODUN GOKE-PARIOLA	(i) 154,350 (ii) 0	0	1,032 0	8,100 0	18,025 0	181,507 0	0 0
(3) ROBERT M GATTI	(i) 140,066 (ii) 0	0	1,032 0	14,700 0	13,417 0	169,215 0	0 0
(4) C BRENT DEVORE	(i) 0 (ii) 0	0	500,099 0	0 0	4,749 0	504,848 0	0 0
(5) HEIDI TRACY	(i) 154,353 (ii) 0	0	160 0	0 0	3,717 0	158,230 0	0 0
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(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
Travel for companions	Schedule J, Part I, Line 1a	THE PRESIDENT'S SPOUSE PARTICIPATES IN AN ANNUAL ALUMNI EVENT CALLED CARDINAL MIGRATION HELD AT VARIOUS PLACES THROUGHOUT THE UNITED STATES ATTENDANCE IS AT THE REQUEST OF THE UNIVERSITY AND IS NOT DEEMED TO BE TAXABLE COMPENSATION
Housing allowance or residence for personal use	Schedule J, Part I, Line 1a	THE UNIVERSITY PROVIDES THE PRESIDENT WITH HOUSING AS PROVIDED UNDER IRC SEC 119(D), THIS BENEFIT HAS NOT BEEN TREATED AS TAXABLE COMPENSATION
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	THE UNIVERSITY PROVIDED SOCIAL CLUB DUES FOR THE PRESIDENT AND VICE-PRESIDENT FOR ADVANCEMENT TO THE EXTENT THAT ANY SUCH USAGE WAS FOR PERSONAL PURPOSES, THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE PERSON
Personal services	Schedule J, Part I, Line 1a	CLEANING SERVICES ARE PROVIDED TO THE PRESIDENT NO PART OF THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION
Severance or change-of-control payment	Schedule J, Part I, Line 4a	C BRENT DEVORE RECEIVED \$373,066

**Schedule K
(Form 990)****2010****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**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).

► Attach to Form 990. ► See separate instructions.

Name of the organization
OTTERBEIN UNIVERSITYEmployer identification number
31-4379532**Part I Bond Issues**

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

Part II Proceeds

		A	B	C	D
		1	2	3	4
1	Amount of bonds retired	1,170,000	575,000	1,445,000	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	13,760,728	11,358,549	21,263,492	
4	Gross proceeds in reserve funds	0	0	1,202,580	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrow	0	0	0	
7	Issuance costs from proceeds	173,420	164,093	216,075	
8	Credit enhancement from proceeds	141,322	90,742	23,100	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	12,943,199	11,000,000	17,000,000	
11	Other spent proceeds	0	0	2,700,000	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2007	2008	2009	
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X	X	X
16	Has the final allocation of proceeds been made?	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X			
3a Are there any management or service contracts that may result in private business use?								
b Are there any research agreements that may result in private business use of bond-financed property?		X		X		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		X		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 30 %		0 30 %		0 40 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►	0 %		0 %		0 %			
6 Total of lines 4 and 5	0 30 %		0 30 %		0 40 %			
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X			
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?								
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								
c Term of hedge	0 0							
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X		X		
b Name of provider								
c Term of GIC	0 0							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6 Did the bond issue qualify for an exception to rebate?	X		X		X			

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
TOTAL PROCEEDS OF ISSUE	SCHEDULE K, PART II, LINE 3	TOTAL PROCEEDS OF ISSUE REPORTED ON PART II, LINE 3 IS NOT EQUAL TO PART I, COLUMN (E) ISSUE PRICE DUE TO INVESTMENT EARNINGS

Schedule L

Transactions with Interested Persons

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
OTTERBEIN UNIVERSITY

Employer identification number

31-437953

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected:	
			Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) SEE SCHEDULE O	DISCOUNTED TUITION AND AID	69,885

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS	FORM 990, SCHEDULE L, PART III	AS PER IRS INSTRUCTIONS FOR FORM 990 SCHEDULE L, SCHOOLS ARE NOT REQUIRED TO IDENTIFY INTERESTED PERSONS TO WHOM THEY PROVIDED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE COLUMNS (A) AND (B) SHOULD BE LEFT BLANK FOR THESE LINES

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.

2010**Open to Public
Inspection****Name of the organization**
OTTERBEIN UNIVERSITY**Employer identification number**

31-4379532

Identifier	Return Reference	Explanation
PROGRAM SERVICE DESCRIPTION	FORM 990, PART III, LINE 4A	(CONTINUED FROM FORM 990, PART III, LINE 4A) TO ACHIEVE THESE GOALS THE UNIVERSITY PROVIDES RESIDENCE HALLS WHICH CONTAIN LIVING QUARTERS TO ACCOMMODATE 1-4 PEOPLE AND HAVE LOUNGES, COMPUTER LABS AND ON-SITE LAUNDRY FACILITIES 54% OF TRADITIONAL AGED STUDENTS LIVED IN CAMPUS HOUSING IN 2010-2011 IN SUPPORT OF THE WELL BEING OF THE STUDENTS LIVING ON CAMPUS AND THOSE COMMUTING TO CLASSES, THE UNIVERSITY PROVIDES SEVERAL MEAL AND DINING OPTIONS THE UNIVERSITY BELIEVES THAT TO SUPPORT ITS MISSION, IT IS IMPORTANT FOR STUDENTS TO MAINTAIN GOOD HEALTH WITH PROPER NOURISHMENT

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUED FROM CORE FORM PART III, LINE 1) FOUNDED IN 1847, OTTERBEIN UNIVERSITY IS A PRIVATE, COEDUCATIONAL, COMPREHENSIVE UNIVERSITY AFFILIATED WITH THE UNITED METHODIST CHURCH THAT SPONSORS TRADITIONAL AND CONTINUING EDUCATION PROGRAMS OF LIBERAL ARTS AND PROFESSIONAL EDUCATION AT BACCALAUREATE AND MASTER'S LEVELS. OUR COMMITMENT IS TO THE LIBERAL ARTS AS THE BROAD BASE OF ALL LEARNING. THE UNIVERSITY OFFERS A CHOICE OF 73 MAJORS AND 44 MINORS, AS WELL AS INDIVIDUALIZED COURSES OF STUDY, IN THE CONTEXT OF A RICH HISTORY OF A LIBERAL ARTS EDUCATION. THE UNIVERSITY HAS 5 GRADUATE PROGRAMS IN BUSINESS ADMINISTRATION, EDUCATION AND NURSING

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND THE PRESIDENT OF THE UNIVERSITY REVIEWED THE COMPLETED FORM 990 IN DETAIL PRIOR TO FILING WITH THE IRS. THE ENTIRE BOARD OF TRUSTEES IS GIVEN ACCESS TO THE FILING COPY PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ALL BOARD MEMBERS AND OFFICERS SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY STAFF IN THE PRESIDENT'S OFFICE REVIEW THE SIGNED FORMS FOR COMPLETENESS AND DISCLOSURE OF CONFLICTS ANY MEMBER WHO HAS A CONFLICT OF INTEREST RECUSES HIMSELF OR HERSELF FROM THE DISCUSSION AND VOTING OF THE RELATED TOPICS AT BOARD MEETINGS ALL INTERESTED PERSONS, INCLUDING BOARD MEMBERS, OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED INDIVIDUALS ALSO COMPLETE AN ANNUAL QUESTIONNAIRE REGARDING POTENTIAL CONFLICTS WHICH MIGHT EXIST THE RESPONSES TO THIS QUESTIONNAIRE ARE REVIEWED BY THE OFFICE OF BUSINESS AFFAIRS THE EMPLOYEE HANDBOOK HAS A CONFLICT OF INTEREST STATEMENT THAT COVERS ALL EMPLOYEES OF THE UNIVERSITY

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL, OTHER OFFICERS, AND KEY EMPLOYEES	FORM 990, PART VI, SECTION B, LINE 15A AND 15B	THE BOARD OF TRUSTEES IS RESPONSIBLE FOR SETTING COMPENSATION FOR THE PRESIDENT THE BOARD REVIEWED AND APPROVED THE LEVEL OF COMPENSATION FOR THE CURRENT PRESIDENT BASED ON VARIOUS FACTORS, INCLUDING THE REVIEW OF PRESIDENTIAL COMPENSATION PACKAGES AT COMPARABLE INSTITUTIONS AND REVIEW OF THE MARKET FOR CANDIDATES WITH SIMILAR LEVELS OF EXPERTISE AS THE CANDIDATE THIS PROCESS WAS LAST COMPLETED IN JUNE 2011 THE EXECUTIVE COMMITTEE OF THE BOARD, IN COORDINATION WITH THE PRESIDENT, ESTABLISHES PERFORMANCE GOALS FOR EACH ANNUAL PERIOD, COMPENSATION INCREASES ARE TIED TO ANNUAL PERFORMANCE REVIEWS THE UNIVERSITY HAS CONDUCTED A COMPREHENSIVE COMPENSATION STUDY FOR ALL OTHER EMPLOYEES AND WILL DO SO ANNUALLY THE PRESIDENT SETS COMPENSATION FOR VICE PRESIDENTS USING THE COMPENSATION STUDY, OTHER INDUSTRY COMPENSATION COMPILATIONS AND COMPARING SIMILARLY SITUATED INSTITUTIONS THIS PROCESS WAS LAST COMPLETED IN JUNE 2011

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 9412178,

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

OTTERBEIN UNIVERSITY

Employer identification number

31-4379532

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE REMAINDER TRUSTS (6)	BENEFICIAL TRUST		NA	TRUST			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
LEGAL DOMICILE (STATE OR FOREIGN COUNTRY)	SCHEDULE R, PART IV, COLUMN (C)	OH, MA, PA, WA

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	Office	Key employee	Highest compensated employee			
RICHARD B REYNOLDS ASSOC PROFESSOR & ATHLETIC DIRECTOR	50				X		101,021	0	20,694
C BRENT DEVORE FORMER PRESIDENT OF THE COLLEGE	0					X	500,099	0	4,749
REBECCA VAZQUEZ SKILLINGS TRUSTEE AND VP OF BUSINESS AFFAIRS	50	X		X			73,564	0	3,846
HEIDI TRACY VP FOR INSTITUTIONAL ADVANCEMENT	50				X		154,513	0	3,717
CHELSEA JENNEY TRUSTEE AND STUDENT	2	X					0	0	0
REBECCA PRINCEHORN TRUSTEE	2	X					0	0	0

Additional Data

Software ID: 10000128
Software Version: v2010.1.0
EIN: 31-4379532
Name: OTTERBEIN 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	Official	Key employee	Highest compensated employee			
LARRY C BROWN TRUSTEE	2	X					0	0	0
TROY A BURTON TRUSTEE AND STUDENT	2	X					0	0	0
WILLIAM L EVANS VICE CHAIRMAN	2	X		X			0	0	0
MARY F HALL TRUSTEE	2	X					0	0	0
WILLIAM E HARRELL JR ASSISTANT SECRETARY	2	X		X			0	0	0
CHERYL L HERBERT TRUSTEE	2	X					0	0	0
NICHOLAS A HILL TRUSTEE AND PROFESSOR	50	X					81,874	0	13,183
JOHN T HUSTON VICE CHAIRMAN	2	X		X			0	0	0
JOSEPH IGNAT TRUSTEE	2	X					0	0	0
CHRISTOPHER KAISER TRUSTEE	2	X					0	0	0
JOHN E KING TRUSTEE	2	X					0	0	0
JOHN W MAGAW TRUSTEE	2	X					0	0	0
THOMAS C MORRISON CHAIRMAN	2	X		X			0	0	0
PEGGY M RUHLIN SECRETARY	2	X		X			0	0	0
BARBARA SCHAFFNER TRUSTEE AND PROFESSOR	50	X					106,135	0	35,157
KENT D STUCKEY TRUSTEE	2	X					0	0	0
MARK R THRESHER TRUSTEE	2	X					0	0	0
ANNIE UPPER TRUSTEE	2	X					0	0	0
AL WATERHOUSE TRUSTEE	2	X					0	0	0
ALEC WIGHTMAN TRUSTEE	2	X					0	0	0
KATHY A KRENDL PRESIDENT OF THE COLLEGE	50	X		X			296,673	0	60,062
ABIODUN GOKE-PARIOLA VP FOR ACADEMIC AFFAIRS	50			X			155,382	0	26,125
ROBERT M GATTI VP FOR STUDENT AFFAIRS	50				X		141,098	0	28,117
THOMAS H STEIN VP FOR ENROLLMENT	50				X		117,906	0	21,608
HARRIET R FAYNE DEAN SCHOOL OF PROFESSIONAL STUDIES	50				X		125,740	0	14,098