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DLN: 93493136021552

# Form **990** 匆

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2010

Open to Public

Internal	Revenu	ie Service	Fine	organization may n	ave to use a copy	or this return to sat	isiy state re	porting i	equireine	ents	Inspection
A Fo	r the	2010 ca		ear, or tax year beg of organization	inning 07-01-2010	and ending 06-30	0-2011		D Emple	over i	dentification number
_		applicable		N COLLEGE						-	
		change	Doing B	usiness As					34-0	/14.	363
_	me cha								E Telepi	none	number
	tial reti rminate			r and street (or P O bo ST LORAIN ST CONTRO		ed to street address)	Room	ı/suıte	(440	) 775	5-5350
		return on pending		town, state or country, N, OH 44074	and ZIP + 4				<b>G</b> Gross	receip	ots \$ 1,076,192,203
			F Na	ame and address of	principal officer		H(a)	Is this a	roun return f	for affili	rates? Yes V No
			173 \	ALDR WATTS VPF WEST LORAIN STR RLIN,OH 44074				Are all a	ıffılıates ınc	luded	
Ta	ıx-exer	mpt status	<b>▼</b> 501(	c)(3)	) ◀ (insert no ) 「	4947(a)(1) or	H(c)	Group	exempti	on n	umber ►
J W	ebsit	e: ► WW	W O BERI	LIN EDU							
<b>K</b> For	m of o	rganization	✓ Corpor	ration Trust Assoc	ciation Other ►		       _L Ye	ear of for	nation 183	34	<b>M</b> State of legal domicile Of
	rt I			attern, mast, mast	olation ;						Totale of logar domining of
Activities & Governance	2 Check this box if the organization discontinued its operations or disposed of m  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b) .								% of its	net a 3	assets 33
Je Je				_	_	2010 (Part V, line 2	•			_ <del>-</del>	3,963
Ę				olunteers (estimate	•		<b>,</b>		t	6	50
₫	7a	Total unr	elated bu	ısıness revenue fro	m Part VIII, colur	mn (C), line 12 .			Ī	7a	112,987
	ь	Net unrel	ated bus	ıness taxable ıncoı	me from Form 990	-T , lıne 34				7b	С
								Prior	Year		Current Year
g)	8 Contributions and grants (Part VIII, line 1h)						46,863,663		-	34,010,388	
Revenue		9 Program service revenue (Part VIII, line 2g)						145,525,024		_	154,445,002
Нэу	10 11					1, and /d ) c, 9c, 10c, and 11e		•	29,713,924		104,332,428
	12	Totalr	evenue—		n 11 (must equal P	art VIII, column (A		22	22,102,6	Ť	292,787,818
	13					), lines 1-3 )		4	48,977,7	25	51,909,294
	14					, line 4)		0			0
\$	15	5-10)				art IX, column (A), lı		8	84,535,032		86,140,967
Expenses	16a					ne 11e)	.			0	0
ਕੁ	b			xpenses (Part IX, column			— <u> </u>		57 564 4	24	60 417 170
	17 18					d, 11f–24f) X, column (A ), line			57,561,1 01,073,8	-	69,417,178 207,467,439
	19		•			2	· —		21,028,7	-	85,320,379
Net Assets or Fund Balances									of Currer	-	End of Year
ege Baga	20	Total a	ssets (P	art X, line 16) .				99	90,065,7	43	1,091,985,410
	21	Total I	abilities	(Part X, line 26) .				24	11,722,4	60	231,610,067
	22	_		und balances Subti	ract line 21 from li	ne 20		74	18,343,2	83	860,375,343
Unde know	ledge ledge	alties of per and belief	** ture of off	eclare that I have exa e, correct, and comp		including accompany preparer (other than		sed on al	2-05-14		to the best of my of which preparer has any
		Type Print/Type	or print na	me and title	Preparer's signatur	e CHDICTORHER B	Date		heck ıf self		PTIN
Paid		preparer's		CHRISTOPHER B ANDERSON		CHRISTOPHER B ANDERSON		е	mployed 🕨		
Prep Use		E / I I I									Firm's EIN ▶ Phone no ▶ (216) 363-
J36	Oilly.		CLE	EVELAND OH 44114							0100

CLEVELAND, OH 44114

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

┌Yes ┌No

Par	t III		<b>of Program Ser</b> dule O contains a re			III				. [고
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2	the pr	or Form 990 o	undertake any signi r 990-EZ? ese new services on		ervices during the y	ear which were	e not listed on	ΓYe	es 🗸 No	o
3	servi	ces?	cease conducting, o		nt changes in how i	t conducts, any	y program • • • •	<b>Γ</b> γ	es 🔽 N	o
4	Section	on 501(c)(3) ar	purpose achievemend 501(c)(4) organize, the total expenses	zations and sect	ion 4947(a)(1) trus	ts are required	to report the a			and
4a	2,861 FINAN	LIN COLLEGE IS A I FULL-TIME EQUIV ICIAL AID THE CO	) (Expenses \$ LIBERAL ARTS INSTITUTI ALENT UNDERGRADUATE LLEGE IS ESSENTIALLY R SED IN PRIVATE OFF-CAI	E STUDENTS, AWAR ESIDENTIAL IN NAT	IE COLLEGE OF ARTS AN DING SCHOLARSHIPS TO URE WITH 2,814 FULL-T	D SCIENCES AND 2,748 OF THEM IME BOARDS AND	THE AVERAGE STU	RY OF MU IDENT REC	CEIVES \$1	COLLEGE SERVES .8,890 IN
4b	(Code	2	) (Expenses \$		including grants of \$		) (Revenue \$			)
4c	(Code	2	) (Expenses \$		including grants of \$		) (Revenue \$			)
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4d		er program serv enses \$	ıces (Describe in S ır	chedule O )	of\$	) (Reve	nue \$		)	

**Total program service expenses►**\$ 190,834,603

Part TV	Checklist of	Required	Schedules
	CHCCKH3COL	IXC GGII CG	Scriculics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 593			
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	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	ا ا	V	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ja	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	Yes	
ь	If "Yes," enter the name of the foreign country ►UK, IT			
	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? $\cdot$ .	5a		Νo
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?			
_	Book the comment of t	5c		<b>.</b>
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		Νo
ь	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).			
а	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?	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
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			
Ū	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
••	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 a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b	1		
	facilities	]		
11				
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

**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.

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		No
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		NO
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		V	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Yes	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
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?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed <b>▶</b> OH			
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 V Upon request

- 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 ► MARK R BATES
  173 WEST LORAIN STREET

OBERLIN, OH 44074 (440) 775-5350

# <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ	nization nor any r	sate	d any current office	er, director, or trust	ee					
(A) Name and Title	(B) Average hours		<b>(C)</b> Position (check all that apply)				( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

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

	(A) Name and Title A verage hours		(C) Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation		(F) Estima amount o	ited f other	
			per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Keş emploşee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	٥	compens from t rganizati relati organiza	the on and ed
See A	Additional Data Table													
							<u> </u>				_			
							<u> </u>				+			
							<u> </u>				+			
1b	Sub-Total						· ·	-			_			
	Total (add lines 1b and 1c) .						<u> </u>	<b> </b>	3,272,406	C	,	(	530,524	
2	Total number of individuals (in \$100,000 in reportable compo	cluding but not lir	nıted to	thos	e lıs	ted	above	) who	received more tha	n				
3	Did the organization list any <b>f</b> oon line 1a? <i>If</i> " <i>Yes," complete</i> 5									ated employee	3	Yes	<b>No</b>	
4	For any individual listed on lin organization and related organization and related organizations.	nizations greater t	han \$15	50,00	002	f "Y	es," co				4	Yes		
5	Did any person listed on line 1	a receive or accr	uo comi	oone:	ation	fror	m anv	unral	atod organization o	r individual for		1,63		

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

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
PANZICA CONSTRUCTION COMPANY 739 BETA DRIVE MAYFIELD VILLAGE, OH 44143	CONSTRUCTION	14,499,598
ALBERT M HIGLEY COMPANY 2926 CHESTER AVENUE CLEVELAND, OH 44114	CONSTRUCTION	4,147,535
MAROUS BROTHERS CONSTRUCTION 1702 JOSEPH LLOYD PARKWAY WILLOUGHBY, OH 44094	CONSTRUCTION	5,268,032
KRILL COMPANY INC 1275 MAIN AVENUE CLEVELAND, OH 44113	CONSTRUCTION	5,692,750
CLARK POST ARCHITECTS LLC 6125 SOUTH BROADWAY LORAIN, OH 44053	ARCHITECTS	647,622
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►29	who received more than	

Νo

Form 9		<u> </u>				Pag	e <b>9</b>
Part	<b>/111</b>	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a					
ran	ь	Membership dues 1b					
ž.g	c	Fundraising events 1c					
j <u>i</u> t		Related organizations 1d					
s, ç mil			2,315,997				
ion r si							
but the	f	All other contributions, gifts, grants, and similar amounts not included above	31,694,391				
ntrí do	g	Noncash contributions included in lines 1a-1f \$	5,100,560				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f		34,010,388			
<u> </u>			Business Code				
Program Serwce Revenue	2a	THE TOTAL OF SECOND					
Реv	ь	TUITION & FEES RESIDENTIAL & DINING SERVICES	900099 900099	120,974,794	26,829,018		
93		EDUCATIONAL ACTIVITIES	900099	2,739,720			
er v	d	OBERLIN INN	721110	2,442,783			2,442,783
3	е	SUMMER CONFERENCE PROGRAM	900099	678,800	678,800		
ी.a	f	All other program service revenue		779,887			779,887
<u>ک</u>	g	<b>Total.</b> Add lines 2a-2f		154,445,002			
	3	Investment income (including dividends, interest					
		and other similar amounts)		2,700,114		112,987	2,587,127
	4	Income from investment of tax-exempt bond proceeds $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		0			
	5	Royalties		0			
		(ı) Real	(II) Personal				
		Gross Rents					
	_	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount 885,036,699 from sales of					
		assets other than inventory					
	b	Less cost or 783,404,385 other basis and					
		sales expenses					
	_	Gain or (loss) 101,632,314		101,632,314			
		Net gain or (loss)		101,032,314			101,632,314
Other Revenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
the	h	Less direct expenses <b>b</b>					
0		Net income or (loss) from fundraising events		0			
		Gross income from gaming activities See Part IV, line 19 . a					
	ь	Less direct expenses b					
	С	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>b</b>					
		Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b	·					
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See Instructions		292,787,818	454 222 555	112,987	107.442
					151,222,332	m <b>990</b> (20:	107,442,111

	990 (2010)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations must lother organizations must complete column (A) but are not required to a			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	enpensee.	general expenses	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	50,727,921	50,727,921		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,181,373	1,181,373		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,055,098	1,287,883	1,528,397	238,818
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	62,003,219	56,437,321	2,499,898	3,066,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,146,895	5,664,022	189,789	293,084
9	Other employee benefits	10,616,767	9,504,086	671,844	440,837
10	Payroll taxes	4,318,988	3,928,607	175,848	214,533
а	Fees for services (non-employees) Management	0	2,222,222		
ь	Legal	397,539		397,539	
c	Accounting	109,075		109,075	
d	Lobbying	0		200,000	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	11,474,265	10,764,668	335,920	373,677
	Information technology	798,193		<del>'  </del>	373,077
14	-,	798,193	798,193		
15	Royalties	-	10.007.704		
16	Occupancy	10,897,704	10,897,704	+ + +	
17 18	Payments of travel or entertainment expenses for any federal,	2,819,140	2,119,775	185,769	513,596
19	state, or local public officials	0		+	
20	Interest	5,805,186	5,805,186	+	
20	Payments to affiliates	5,805,186	3,003,186	<del>                                     </del>	
21	Depreciation, depletion, and amortization	17,314,753	17,314,753	+	
23	Insurance	17,314,733	17,314,733	+	
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)	0			
а	FACILITIES EXPENSE	4,118,959	2,194,402	1,077,752	846,805
b	ANNUITY & RLIF PAYMENTS	1,767,317		1,767,317	· · · · · · · · · · · · · · · · · · ·
c	INSTRUCTION EXPENSE	2,622,670	2,622,670	<del>                                     </del>	
d		1,449,302	954,552		
e		1,118,213	1,118,213		-
f	All other expenses	8,724,862	7,513,274	1	550,960
25	Total functional expenses. Add lines 1 through 24f	207,467,439	190,834,603		6,538,310
26	Joint costs. Check here ► ☐ If following	_0.,.0.,133	130,001,000	15,551,525	3,353,310
	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				
			<u> </u>		000 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			5,370,609	1	5,804,435
	2	Savings and temporary cash investments			11,083,625	2	64,905,516
	3	Pledges and grants receivable, net			22,673,146	3	32,014,688
	4	Accounts receivable, net			1,689,861	4	1,436,640
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, ke	y employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$ , and contributing a sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	yers, and				
sts		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use			1,030,035	8	545,553
	9	Prepaid expenses and deferred charges			4,220,494	9	4,137,707
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	556,164,546			
	b	Less accumulated depreciation	10b	257,204,787	281,176,271	10c	298,959,759
	11	Investments—publicly traded securities			515,000,054	11	496,295,004
	12	Investments—other securities See Part IV, line 11			136,005,256	12	175,772,449
	13	Investments—program-related See Part IV, line 11			11,816,392	13	12,113,659
	14	Intangible assets				14	_
	15	Other assets See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			990,065,743	16	1,091,985,410
	17	Accounts payable and accrued expenses .	41,980,267	17	35,828,139		
	18	Grants payable		18			
	19	Deferred revenue			1,080,879	19	994,393
	20	Tax-exempt bond liabilities			176,552,130	20	172,403,934
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedu	ıle D		9,930,330	21	8,433,772
abilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L $\ldots$				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	•		12,178,854	25	13,949,829
	26	Total liabilities. Add lines 17 through 25			241,722,460	26	231,610,067
,n		Organizations that follow SFAS 117, check here $\blacktriangleright$ $\side$ and com	plete	lines 27			
Balances		through 29, and lines 33 and 34.					
lar.	27	Unrestricted net assets			258,314,396		297,316,458
89	28	Temporarily restricted net assets		271,554,294	28	328,502,125	
Fund	29	Permanently restricted net assets			218,474,593	29	234,556,760
Fu		Organizations that do not follow SFAS 117, check here ► a	nd co	mplete			
ě	30	lines 30 through 34.				30	
ets	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unas		740 242 002	32	060 37E 343
Net	33	Total net assets or fund balances			748,343,283	33	860,375,343
l	34	Total liabilities and net assets/fund balances	990,065,743	34	1,091,985,410		

Ра	Check if Schedule O contains a response to any question in this Part XI			.√	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		292.7	87,818
2	Total expenses (must equal Part IX, column (A), line 25)	2			167,439
3	Revenue less expenses Subtract line 2 from line 1	3		85,3	320,379
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		748,3	343,283
5	Other changes in net assets or fund balances (explain in Schedule O)	5		26,7	711,681
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		860,3	375,343
Par	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII	•	•	<u>.</u>	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual 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?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th 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	e •	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were isson a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
За	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?		3a	Yes	le.
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes	

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DLN: 93493136021552

**Employer identification number** 

# OMB No 1545-0047

# OMB No 1545-004

# SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2010

Open to Public Inspection

OBERLIN COLLEGE 34-0714363 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II Type III - Other 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN			(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		e on in anized S ?	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

Provide the following information about the supported organization(s)

# 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.)

<u> </u>	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
Ū	line 4						
S	ection B. Total Support		<u> </u>	<b>I</b> I.			
	endar year (or fiscal year beginning						
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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 activiti	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and <b>stop here</b>						<b>►</b>
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check	
_	and <b>stop here.</b> The organization qua						<b>▶</b> □
b	<b>33 1/3% support test—2009.</b> If the				5a, and line 15 is 3	33 1/3% or more,	- <del>-</del>
	box and <b>stop here.</b> The organization				45.46		<b>►</b>
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □

organization

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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 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 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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 **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).

Schedule A (Form 990 or 990-EZ) 2010

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# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

**Employer identification number** Name of the organization OBERLIN COLLEGE 34-0714363 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.						
		(a) Donor advised funds	(b	) Funds and o	other accou	ints		
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 advifunds are the organization's property, subject to the		or advis	ed	┌ Yes	┌ No		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			purpose	┌ Yes	┌ No		
Pa	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form	990, Part I\	V, line 7.			
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	on or pleasure)  Preservation of an Preservation of a c	certified	historic struc	-	a		
	,,,,,,,,,	[		Held at the	End of the	Year		
а	Total number of conservation easements		2a					
ь	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified his	toric structure included in (a)	2c					
d	Number of conservation easements included in (c) a	2d						
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during							
	the taxable year							
4	· · · · · · · · · · · · · · · · · · ·							
4	Number of states where property subject to conserve							
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of v	iolations, and	☐ Yes	┌ No		
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents dur	ing the year l	<b>-</b>			
7	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during t	the year 🟲 🕏 .				
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No		
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial						
Par	Complete if the organization answered '		or Oth	er Similar	Assets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furt			e,		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ii						
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$	7	06,175		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	7,3	08,113		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financi	al gaın, provi	de the			

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	toric	al Trea	sures, or (	Othe	r Similar	Ass	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	y of th		_	_			llectio	n	
а	Public exhibition		d		Loan or e	xchange prog	grams	•			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	llections and expla	ın hov	w they	further th	e organizatio	n's e	cempt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Γ	Yes	✓ No
Par	<b>t IV</b> Escrow and Custodial Arrang Part IV, line 9, or reported an an	•			_	ion answer	ed "Y	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for co	ntrıbutıon	s or other as	sets	not	Г	Yes	✓ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ıng tal	ble						
									Amo	unt	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21?						굣	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Pai	rt V Endowment Funds. Complete	f the organization	n ans	were	d "Yes" t	o Form 990	, Pai	rt IV, line (d)Three Yea			
		(a)Current Year	(b	)Prior Y	ear (	<b>c)</b> Two Years Ba	ck	Back	ars (	( <b>e)</b> Four \	'ears Back
1a	Beginning of year balance	603,437,083		536,	578,942	743,489,	450				
b	Contributions	3,941,624		43,0	000,714	6,803	524				
С	Investment earnings or losses	116,906,824		60,	726,639	-172,149	412				
d	Grants or scholarships	10,488,425		•	407,424	11,540,	_				
e	Other expenditures for facilities and programs	24,152,956			923,520	28,558,					
f	Administrative expenses	721,381			538,268	1,465					
g	End of year balance	688,922,769		603,4	437,083	536,578,	942				
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment 🕨	37 993 %									
b	Permanent endowment 🕨 28 508 %										
С	Term endowment ► 33 499 %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation '	that ar	e held an	d administer	ed for	the			
	organization by							ſ	2-(:)	Yes	No
	(i) unrelated organizations			•					3a(i) 3a(ii)		No No
b	(ii) related organizations		d on S	 Schedu	ıle R?				3b	<u>'                                       </u>	140 
4	Describe in Part XIV the intended uses of th	•					-				<u>L</u>
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	rm 990,	Part X, line	10.				
	Description of investment				ost or other (investment			(c) Accumul depreciati		( <b>d)</b> Bo	ok value
<b>1</b> a L	_and				3,274,830	6,84	6,371			1	0,121,201
b E	Buildings				3,435,87	<u> </u>		143,52	9,099		8,288,229
c l	_easehold improvements				<u> </u>						
	Equipment					170,75	4,422	113,67	5,688	5	7,078,734
	Other				13,471,59						3,471,595

298,959,759

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		cost of end of year market value
(2)Closely-held equity interests		
(3)Other	15.005.000	_
(A) FUNDS HELD IN TRUST BY OTHERS	15,895,868	F
(B) NATURAL RESOURCES INVESTMENTS	47,164,090	F
(C) VENTURE CAP &OTHER ALTERN INV	112,712,491	F
(	175,772,449	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 13	
(a) Description of investment type	( <b>b)</b> Book value	<b>(c)</b> 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, II		
(a) Descri		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
<b>Part X</b> Other Liabilities. See Form 990, Part 3		
	(b) A mount	
Federal Income Taxes	1 2 0 4 0 0 2 0	
ANNUITY OBLIGATIONS	13,949,829	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )		

OTHER CHANGES IN EXPENSES,

OTHER CHANGES IN EXPENSES,

PART XIII, LINE 2D

PART XIII, LINE 4B

		Form 990 to Financial Statemer	nts	1
<ul><li>Total revenue (Form 990, Part</li><li>Total expenses (Form 990, Part</li></ul>			2	292,787,818
<ul><li>Total expenses (Form 990, Pa</li><li>Excess or (deficit) for the year</li></ul>			3	85,320,379
4 Net unrealized gains (losses)			4	24,483,907
5 Donated services and use of fa	acilities		5	
6 Investment expenses			6	
7 Prior period adjustments			7	2 227 774
<ul><li>8 Other (Describe in Part XIV)</li><li>9 Total adjustments (net) Add I</li></ul>	ines 4 - 8		9	2,227,774
rotar adjustments (net) read in	per financial statements Combine	e lines 3 and 9	10	112,032,060
	•	cial Statements With Revenue p		
	er support per audited financial sta ut not on Form 990, Part VIII, line	<b>-</b>	1	268,119,000
	tments	<b>2a</b>   24,483,907		
<b>b</b> Donated services and use of t	facilities	2b		
c Recoveries of prior year grant		2c		
<ul><li>d Other (Describe in Part XIV)</li><li>e Add lines 2a through 2d</li></ul>		2d 2,756,967	2e	27,240,874
3 Subtract line 2e from line 1.			3	240,878,126
4 A mounts included on Form 99	0, Part VIII, line 12, but not on lir	ne <b>1</b>		
•	luded on Form 990, Part VIII, line			
<ul><li>b Other (Describe in Part XIV)</li><li>c Add lines 4a and 4b</li></ul>		<b>4b</b> 51,909,692	4c	51,909,692
5 Total Revenue Add lines 3 ar	nd <b>4c.</b> (This should equal Form 990	, Part I, line 12).......	5	292,787,818
		ncial Statements With Expenses	per	
Total expenses and losses pe statements	r audited financial		1	156,087,000
	ut not on Form 990, Part IX, line 25	1 1		
a Donated services and use of f		2a		
<ul><li>b Prior year adjustments</li><li>c Other losses</li></ul>		2b 2c		
<b>d</b> Other (Describe in Part XIV)		<b>2d</b> 528,855		
e Add lines 2a through 2d		· · · · · · · · <del>· · · ·</del>	2e	528,855
<ul><li>3 Subtract line 2e from line 1.</li><li>4 Amounts included on Form 99</li></ul>			3	155,558,145
	luded on Form 990, Part VIII, line	1 1		
<b>b</b> Other (Describe in Part XIV)		<b>4b</b> 51,909,294		
c Add lines 4a and 4b			4c	51,909,294
5 Total expenses Add lines 3 a  Part XIV Supplemental In		D, Part I, line 18 )	5	207,467,439
Complete this part to provide the de	scriptions required for Part II, line	s 3, 5, and 9, Part III, lines 1a and 4, Pa		
Part V, line 4, Part X, Part XI, line 8 additional information	3, Part XII, lines 2d and 4b, and Pa	art XIII, lines 2d and 4b Also complete t	:hıs pa	rt to provide any
Identifier	Return Reference	Explanati	ion	
FINANCIAL STATEMENT	PART III, LINE 1A	THE COLLEGE HAS ELECTED NOT		
FOOTNOTE REGARDING ART COLLECTION,		CONTRIBUTED COLLECTIONS A COLLECTIONS ARE HELD FOR PU	BLIC	EXHIBITION,
		EDUCATION OR RESEARCH, ARE UNENCUMBERED, CARED FOR, AT		
		SUBJECT TO POLICIES GOVERNI RECOGNIZING WORKS OF ART AS		
		INSTITUTION WOULD RESULT IN	ΑΜΑ	TERIAL INCREASE
		IN PROPERTY, PLANT AND EQUIF CORRESPONDING INCREASE IN	NET A	SSETS IN THE
DESCRIPTION OF ART	PART III, LINE 4	STATEMENTS OF FINANCIAL PO: The Allen Memorial Art Museum (Al		
COLLECTION,		college or university collections in t Comprising nearly 14,000 works of	he Un	ited States
		culture and spanning the history of	art, the	e AMAM's collection is
		a vital cultural resource for the stud Oberlin College as well as the surro		
		museum organizes a variety of publi with exhibitions for O berlin College		
		The Museum offers educational reso faculty and students as well as othe	ources	for Oberlin College
		K-12 teachers, children, and familie	S	
CUSTODIAL FUNDS,	PART IV, LINE 2B	IN ADDITION TO FUNDS FROM S ORGANIZATIONS, THE COLLEGE		
		FUNDS FOR VARIOUS PURPOSES FELLOWSHIPS FUNDED BY OUTS	INCL	UDING
INTENDED USE OF ENDOWMENT	PART V, LINE 4	OBERLIN COLLEGE'S ENDOWMEN	IT SPE	ENDING POLICY IS
FUNDS,		SET BY THE COLLEGE'S BOARD CONTROL OF TRUSTEES TAKES GREAT CAR		
		BROAD OBJECTIVES AND SPECI METHODOLOGY, GIVING CONSI		
		OF FACTORS, INCLUDING PRESE COLLEGE'S ENDOWMENT FOR PE		
		CONDITIONS AND THE POSSIBL	EIMP	ACT OF INFLATION
		AND DEFLATION, THE COLLEGE'S RETURN ON ENDOWMENT, THE E	XPEC	TED TOTAL RETURNS
		AND THE RELATED INVESTMENT TARGETED ALLOCATIONS TO AC		
		RETURNS, AND THE OTHER FINA THE COLLEGE THE BROAD OBJE	NCIA	L RESOURCES OF
		ENDOWMENT SPENDING POLICY REAL VALUE OF THE ENDOWMEN	ARE	TO INCREASE THE
		DEPENDABLE STREAM OF CURRE	NT EA	ARNINGS
		DISTRIBUTION FROM THE ENDO COLLEGE, TO RELEASE EARNING	SAT	A RATE
		SUSTAINABLE OVER THE LONG T PROVIDE PREDICTABILITY AND		
		ENDOWMENT SPENDING ESSENT PLANNING		
FIN 48 FOOTNOTE,	PART X, LINE 2	THE COLLEGE IS EXEMPT FROM F		
		UNDER INTERNAL REVENUE COD COLLEGE GENERATES MINOR AM		` '\ '
		BUSINESS INCOME, ANNUALLY F PAYS TAXES ON SUCH INCOME		
		RECOGNIZES THE TAX BENEFIT I	FROM	UNCERTAIN TAX
		THE TAX POSITION WILL BE SUS EXAMINATION BY TAXING AUTH	TAIN	EDON
		TECHNICAL MERITS OF THE POS	OITI	N EXAMPLES OF TAX
		POSITIONS INCLUDE THE TAX-E COLLEGE, THE CONTINUED TAX-	EXEM	IPT STATUS OF
		BONDS ISSUED BY THE COLLEGE POSITIONS RELATED TO POTEN		
		UNRELATED BUSINESS TAXABLE BELIEVES THAT IT HAS APPROPI	INCC	ME THE COLLEGE
		TAX POSITIONS TAKEN AND, AS ANY UNCERTAIN TAX POSITION	SUCH	I, DOES NOT HAVE
		THE FINANCIAL STATEMENTS A	SOF	JUNE 30, 2011, THE
		COLLEGE'S INCOME TAX YEARS THEREAFTER REMAIN SUBJECT T	OEX	AMINATION BY THE
		INTERNAL REVENUE SERVICE, A STATE AND LOCAL TAXING AUTH		
OTHER CHANGES IN NET ASSETS,	PART XI, LINE 8	CHANGE IN INTEREST RATE SWA	P LIA	BILITY \$2,756,967,
		POST-RETIREMENT BENEFIT OBL (\$529,193), TOTAL ADJUSTMENT		
OTHER CHANGES IN REVENUE,	PART XII, LINE 2D	CHANGE IN INTEREST RATE SWA	P LIA	BILITY \$2,756,967
OTHER CHANGES IN REVENUE,	PART XII, LINE 4B	STUDENT FINANCIAL AID, WHIC REDUCTION OF TUITION REVEN	UEON	N FINANCIAL
		STATEMENTS BUT AS AN EXPENS 990 \$51,909,294, ADJUSTMENT		
		STATEMENT AMOUNTS WHICH W NEAREST THOUSAND DOLLARS	ERE R	ROUNDED TO THE
	1	ADJUSTMENT \$51,909,692	, J J O	, · = · · · · =

POST-RETIREMENT BENEFIT OBLIGATION ADJUSTMENT \$529,193, ADJUSTMENT TO FINANCIAL STATEMENT AMOUNTS WHICH WERE ROUNDED TO THE NEAREST THOUSAND DOLLARS (\$338), TOTAL ADJUSTMENTS =

STUDENT FINANCIAL AID, WHICH WAS SHOWN AS A

REDUCTION OF TUITION REVENUE ON FINANCIAL STATEMENTS BUT AS AN EXPENSE IN PART IX OF FORM

\$528,855

990 \$51,909,294

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136021552

MB No 1545-002

2010

Open to Public

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

►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.

**Schools** 

Inspection
Employer identification number

OBERLIN COLLEGE 34-0714363 Part I YES NO 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? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes 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 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4c** Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

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

6a

6b

Yes

Yes

Νo

### 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)

ldentifier	Return Reference	Explanation
PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY,	LINE 3	THE COLLEGE PUBLISHES ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH NEWSPAPER ADVERTISING, THE COLLEGE COURSE CATALOG, THE STUDENT REGULATIONS, POLICIES AND PROCEDURES PUBLICATION, AND EMPLOYEE HANDBOOKS THE COLLEGE FOLLOWS A VOLUNTARY AFFIRMATIVE ACTION PLAN
FINANCIAL AID FROM A GOVERNMENTAL AGENCY,	LINE 6B	OBERLIN COLLEGE PARTICIPATES IN VARIOUS STUDENT FINANCIAL AID PROGRAMS FROM THE U.S. DEPARTMENT OF EDUCATION, INCLUDING THE FOLLOWING PROGRAMS PELL GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, PERKINS LOANS, AND COLLEGE WORK STUDY PROGRAMS

Schedule E (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136021552

OMB No 1545-0047

2010

Open to Public **Inspection** 

## **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization OBERLIN COLLEGE

**Employer identification number** 

34-0714363

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

Pa	rt I	General Information "Yes" to Form 990, Pair			<b>he United States.</b> C	omplete if the organiza	ation answered		
1	assist	rantmakers. Does the o	organization n	naıntaın record grants or assı	stance, and the select	amount of the grants o ion criteria used to awai			
2	_	<b>antmakers.</b> Describe in Pa I States	rt V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside the	е		
3	Activi	tes per Region (Use Part \	V ıf addıtıonal s	pace is needed	)				
		(a) Region	( <b>b</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		
	Centra Carıbb	al America and the sean			Investments		240,648,810		
	Europe Green	e (Including Iceland and land)			Investments		33,827,55		
	Centra Carıbb	al America and the sean	0	0	Program Services	STUDY ABROAD PROGRAMS	112,22!		
	East A	sia and the Pacific	0	0	Program Services	STUDY ABROAD PROGRAMS	499,43		
	Europe Green	e (Including Iceland and land)	2	0	Program Services	STUDY ABROAD PROGRAMS	2,007,03		
	Middle	East and North Africa	0	0	Program Services	STUDY ABROAD PROGRAMS	49,78		
	North	A merica	0	0	Program Services	STUDY ABROAD PROGRAMS	48,425		
		a and the Newly endent States	0	0	Program Services	STUDY ABROAD PROGRAMS	134,800		
		A merica	0	0	Program Services	STUDY ABROAD PROGRAMS	226,68		
	South	Asıa	0	0	Program Services	STUDY ABROAD PROGRAMS	36,90		
	Sub-S	aharan Africa	0	0	Program Services	STUDY ABROAD PROGRAMS	180,27		
			_	_					
	Sub-to Total f to Pari	rom continuation sheets	2	2 0			277,771,938		

c Totals (add lines 3a and 3b)

277,771,938

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
SCHOLARSHIPS	Cent A merica/Caribbean	6		CRED TO ACCT			
SCHOLARSHIPS	East Asia/Pacific	17	170,773	CRED TO ACCT			
SCHOLARSHIPS	Europe/Iceland/Greenland	d 75	772,171	CRED TO ACCT		 I	
SCHOLARSHIPS	Mıddle East/North Afrıca	3	34,317	CRED TO ACCT		 [	
SCHOLARSHIPS	North America	1	6,750	CRED TO ACCT		 I	
SCHOLARSHIPS	Russia	1	8,000	CRED TO ACCT		 [	
SCHOLARSHIPS	South America	11	103,877	CRED TO ACCT		 [	
SCHOLARSHIPS	South Asia	2	8,036	CRED TO ACCT		 [	
SCHOLARSHIPS	Sub-Saharan Africa	8	34,044	CRED TO ACCT		 [	
						<u></u>	
			<u></u>			<u> </u>	
	T '			'		 [	

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
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)	Г	Yes	<b>▽</b>	Νo
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)	굣	Yes	Г	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)	굣	Yes	Г	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	Г	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).	Γ	Yes	<b>▽</b>	Νo

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Page **5** 

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

ldentifier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS,	PART I, LINE 2	THE COLLEGE ENSURES THAT ITS GRANTS ARE USED FOR EDUCATIONAL PURPOSES BY APPLYING THE FINANCIAL AID AWARDS DIRECTLY TO THE STUDENTS' ACCOUNTS FOR THOSE STUDENTS THAT STUDY ABROAD IN THE COLLEGE'S LONDON AND ITALY PROGRAMS

Schedule F (Form 990) 2010

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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.

OMB No 1545-0047

DLN: 93493136021552

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number **OBERLIN COLLEGE** 34-0714363 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash or government ıf applicable (book, FMV, assistance appraisal, other) 

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	2599	50,727,921			

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
MONITORING USE OF	PART I, LINE 2	THE COLLEGE ENSURES THAT ITS GRANTS OF STUDENT FINANCIAL AID ARE USED FOR THE INTENDED
GRANT FUNDS,		EDUCATIONAL PURPOSES BY APPLYING THE AWARDS DIRECTLY TO THE STUDENTS' TUITION BALANCES
		INSTEAD OF ISSUING CHECKS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493136021552

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OBERLIN COLLEGE 34-0714363 **Questions Regarding Compensation** Yes Νo 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 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 Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Νo 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo 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. 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 The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

#### 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-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
.) Marvın Krıslov	(ı) (ıı)	337,858 0	0 0	0	110,625 0	13,575 0	462,058 0		
2) Ronald R Watts	(ı) (ıı)	261,294 0	0 0	0 0	32,500 0	1,731 0	295,525 0		
3) Marcıa E Mıller	(ı) (ıı)	196,694 0	0 0	0 0	25,063 0	4,263 0	226,020		
1) Mark R Bates	(ı) (ıı)	154,427 0	0 0	0 0	19,267 0	888 0	174,582 0		
5) David H Stull	(ı) (ıı)	252,931 0	0 0	218,408 0	102,500	13,575 0	587,414 0	231,00	
5) Sean M Decatur	(ı) (ıı)	213,854 0	0 0	0 0	20,900 0	13,351 0	248,105 0		
7) Sandhya L ubramanian	(I)	149,251 0	0 0	0 0	15,150 0	3,868 0	168,269 0		
3) William E Barlow	(ı) (ıı)	202,894 0	0 0	0 0	23,042	1,245 0	227,181 0		
9) Debra J Chermonte	(ı) (ıı)	167,847 0	0 0	0 0	21,237 0	4,089 0	193,173 0		
10) Lında W Gates	(ı) (ıı)	162,872 0	0 0	0 0	25,200 0	8,614 0	196,686 0		
11) David W Orr	(ı) (ıı)	199,385 0	0 0	0	30,322 0	9,375 0	239,082		
12) Harry N Hırsch	(ı) (ıı)	166,594 0	0	0	25,658 0	4,097 0	196,349 0		
13) Michael M Nolan	(ı) (ıı)	165,593 0	0	0	24,750 0	953 0	191,296 0		
4) Clayton R Koppes	(ı) (ıı)	164,914 0	0	0	24,935 0	4,068 0	193,917 0		
15) Ellis W Tallman	(ı) (ıı)	160,405 0	0	0	21,421	12,634 0	194,460 0		
16 )									

#### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	1A ,	THE COLLEGE REQUIRES ITS PRESIDENT, MARVIN KRISLOV, TO LIVE ON-CAMPUS AND ACCORDINGLY HAS PROVIDED SUITABLE HOUSING FOR HIM THE PRESIDENT'S HOME IS USED SUBSTANTIALLY FOR COLLEGE BUSINESS INCLUDING MEETINGS WITH STAFF AND STUDENTS, MEETINGS WITH ALUMNI AND DONORS, AND OTHER COLLEGE-RELATED MATTERS THE COLLEGE DOES NOT TREAT THE VALUE OF THE HOUSING PROVIDED AS TAXABLE COMPENSATION TO THE PRESIDENT

Schedule J (Form 990) 2010

**Schedule K** (Form 990)

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.

OMB No 1545-0047

DLN: 93493136021552

**Inspection** 

Employer identification number

34-0714363

Internal Revenue Service Name of the organization OBERLIN COLLEGE

Department of the Treasury

P	Part I Bond Issues												
(a) Issuer Name		(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	(e) Issue Price	(f)	Description of Purpose	(g) Defeased		Issuer			Pool ncing
								Yes	No	Yes	No	Yes	No
A	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6846974	67756BJN1	09-24-2003	39,842,601	EDUC	ATIONAL FACILITIES		х		х		Х
В	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756BVH0	04-18-2008	40,000,000	EDUC	ATIONAL FACILITIES		Х		х		Х
С	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AP55	10-01-2009	78,715,883	EDUC	ATIONAL FACILITIES		Х		Х		Х
_													
_													
Р	art II Proceeds							•					
					Α		В	•	С	•		D	
1 Amount of bonds retired						0	0						

Par	t III Proceeds											_		
					4	A		В		С			D	
1	A mount of bonds retired						0	0		C	)			
2	A mount of bonds legally defeas	sed				0 0				0				
3	Total proceeds of issue					41,295,10	8	40,493,331	78,715,883			3		
4	Gross proceeds in reserve fund	ds				0 0			0					
5	Capitalized interest from proce	eeds					0	0		C				
6	Proceeds in refunding escrow					11,808,90	9	78,031,625			5			
7	Issuance costs from proceeds					351,36	6	427,971	684,258			3		
8	Credit enhancement from proceeds						0	0		0				
9	Working capital expenditures f	from proceeds				0			0			1		
10	Capital expenditures from proc	ceeds				29,134,833 3			39,261,368					
11	Other spent proceeds						0	0			C			
12	Other unspent proceeds						0	803,992			C	)		
13	Year of substantial completion	1			20	08			2009					
					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as part	of a current refund	ling issue?		X			X	x					
15	Were the bonds issued as part	of an advance refu	ındıng ıssue?			Х		Х			Х			
16	Has the final allocation of proc	eeds been made?			Х			Х	Х					
					1		+		1	-				

17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X
Part	t IIII Private Business Use			

		Α		В		C		<u> </u>	)
		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?		Х		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		×		×		×		

Par	Private Business Use (Continued)								
		Α		В		C		Ī	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	×			Х	Х			
ь	Are there any research agreements that may result in private business use of bond-financed property?		х		×		×		
С	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?			×		х			
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 %		0 %		0 %			
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 %	0 %		0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х			
Pai	t IV Arbitrage								

Pa	rt IV Arbitrage									
		Α		В		С		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	x			х		×		_	
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?	×		х			Х			
	Name of provider	MORGAN STANLEY		MORGAN STANLEY		1				
	Term of hedge		28	40						
d	Was the hedge superintegrated?		Х		х					
e	Was a hedge terminated?		Х		Х					
4a	Were gross proceeds invested in a GIC?		Х		Х		Х			
b	Name of provider									
	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?		х		х		х			
6	Did the bond issue qualify for an exception to rebate?		Х		Х		Х			

#### Part V Supplemental Information

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION FOR TOTAL PROCEEDS OF EACH ISSUE,	1	THE "TOTAL PROCEEDS OF ISSUE" ON LINE 3 OF PART II DIFFERS FROM THE "ISSUE PRICE" IN COLUMN E OF PART I DUE TO INVESTMENT EARNINGS THAT ACCRUED DURING THE RESPECTIVE PROJECT PERIODS FOR EACH BOND

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DLN: 93493136021552

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

2010

Open to Public Inspection

OBERLIN COLLEGE								Employer identification number					
OBERTIN COLLEGE							34-0714363						
Complete if the organizat										ıne 40b			
1 (a) Name of disqualified person					(b) Description of transaction						(c) Corrected?		
		·			(2) Section of during decion					Yes	No		
2 Enter the amount of tax imposes section 4958					disqualified pers				r - ¢				
3 Enter the amount of tax, if any									- \$ ——				
2 Enter the amount of tax, if any	, 011 11110	. 2, abo	ve, reilliburs	cd by th	e organization:	<u> </u>	<u> </u>		<b>"</b> —				
Part III Loans to and/or F													
Complete if the organiz	<u>:ation a</u> T	nswered	d "Yes" on Fo 	orm 990	, Part IV, line 26	, or For	m 990-l	EZ, Part V (f)		<u>a</u>			
a) Name of interested name on and			(2)0 ==	1		<b>(e)</b> In				(g)Writt	(g)Written		
(a) Name of interested person and purpose			(c)Original principal amount		(d)Balance due	defau	ılt?	by board or committee?		agreement?			
	To	From				Yes	No	Yes	No	Yes	No		
	<u> </u>						1	1	1	1	1.0		
									+				
otal	<u> </u>			<b>▶</b> \$									
art IIII Grants or Assistar					Persons.								
Complete ıf the orga						, line	27.						
(a) Name of interested pers	on	(1			en interested per	son	<b>(c)</b> A n	nount of g	rant or ty	pe of assis	stance		
		+	anı	a the org	ganızatıon								
		+											

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	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No
(1) STEWART KOHL	TRUSTEE	11,209,659	INVESTMENT IN RIVERSIDE		Νo
(2) THOMAS COOPER	TRUSTEE	13,530,042	INVESTMENT IN GMO		Νo
(3) RENEE ROMANO	SPOUSE OF OFFICER	90,448	PAYROLL		Νo
(4) JESSICA DOWNS	SPOUSE OF OFFICER	13,060	PAYROLL		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

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493136021552

OMB No 1545-0047

Open to Public **Inspection** 

## **SCHEDULE M** (Form 990)

Department of the Treasury

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

**NonCash Contributions** 

Internal Revenue Service Name of the organization

**Employer identification number** OBERLIN COLLEGE 34-0714363 Part I Types of Property (b) (d) (a) (c) Noncash contribution amounts Check if Number of Contributions or items Method of determining oncash contribution applicable contributed reported on Form 990, Part VIII, line lamounts Art-Works of art . . . Х 8 706,175 APPRAISAL Art—Historical treasures Art—Fractional interests Books and publications 5 Clothing and household goods . . . . . . . . Cars and other vehicles . 7 Boats and planes . . . Intellectual property . . Securities—Publicly traded Χ 81 4,017,085|FMV Securities—Closely held stock . . . . . 11 Securities—Partnership, LLC, or trust interests . 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . . 15 Real estate—Residential . **16** Real estate—Commercial 17 Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . . 20 Drugs and medical supplies **21** Taxidermy . . . . Historical artifacts . . 23 Scientific specimens . . Archeological artifacts . MUSICAL Other ► (INSTRUMENTS) Χ 377,300 COST/APPRAISAL 26 Other ▶( \_\_ **27** Other ▶(\_\_\_ 28 Other ► (\_ Number of Forms 8283 received by the organization during the tax year for contributions 0 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . . . . No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

b If "Yes," describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

32a

Yes

### Part II

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

Identifier	Return Reference	Explanation
USE OF THIRD PARTIES,	, , , , , , , , , , , , , , , , , , , ,	THE COLLEGE UTILIZES A SECURITIES BROKER TO SELL CERTAIN DONATED SECURITIES THE FEES CHARGED BY THE BROKER ARE AT OR BELOW FAIR MARKET VALUE

Schedule M (Form 990) 2010

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DLN: 93493136021552

2010

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Inspection

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.

Name of the organization OBERLIN COLLEGE

**Employer identification number** 

34-0714363

ldentifier	Return Reference	Explanation
REPORTABLE RELATIONSHIPS,	FORM 990, PART VI, LINE 2	CHESLEY MADDOX-DORSEY, TRUSTEE, AND KOFI LOMOTEY, TRUSTEE, HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990 REVIEW,	FORM 990, PART VI, LINE 11B	THE BOARD OF TRUSTEES DELEGATED THE TASK OF REVIEWING FORM 990 TO THE AUDIT COMMITTEE, PURSUANT TO THE COLLEGES BY-LAWS AND APPROVED VIA A VOTE OF THE ENTIRE BOARD AN ELECTRONIC DRAFT COPY OF FORM 990 WAS PROVIDED TO THE AUDIT COMMITTEE IN ADVANCE OF ITS MEETING ON MAY 4, 2012, FOR REVIEW FOLLOWING THE REVIEW WITH THE OUTSIDE PUBLIC ACCOUNTING FIRM, THE AUDIT COMMITTEE APPROVED FORM 990 AS AN ADDITIONAL LEVEL OF REVIEW AND APPROVAL, THE AUDIT COMMITTEES APPROVAL WAS DISCUSSED AT THE EXECUTIVE COMMITTEE MEETING ON MAY 4, 2012, AND THE APPROVAL PROCESS WAS RATIFIED

ldentifier	Return Reference	Explanation
MONITORING AND ENFORCEMENT OF CONFLICT POLICY,	FORM 990, PART VI, LINE 12C	All officers, trustees, directors, and key employees are required to disclose at least annually, and within thirty days after a material change, any relationships, positions, or circumstances that they believe could contribute to a conflict of interest, via a disclosure form that is circulated, along with the College's conflict of interest policy, to all such individuals. The General Counsel and Secretary of the College reviews and analyzes any conflicts and maintains copies of disclosure statements. Violations of the conflict of interest policy are communicated to the chair of the audit committee and the controller of the College, investigated by the College, and promptly corrected, including, where applicable, disciplinary action, up to the individual's removal from his or her position.

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW AND APPROVAL,	FORM 990, PART VI, LINE 15	Pursuant to the College's by-laws, approved via a vote of the full board, the compensation arrangements for the President and officers and key employees are approved in advance through the following process. The Compensation Subcommittee of the Board's Executive Committee organizes and conducts the review of the President as the College's Chief Executive Officer, and makes recommendations to the Executive Committee and the Board concerning the compensation of the President and officers and key employees. The Compensation Subcommittee consists of Trustees without a conflict of interest with respect to the compensation arrangement. In formulating its recommendations, the Compensation Subcommittee obtains and relies upon comparability data regarding the compensation of the President and officers and key employees at similarly situated private colleges and universities. The Subcommittee presents to the Executive Committee its written report and recommendations. The Executive Committee may approve the Subcommittee's report and recommendations or act otherwise, and the Executive Committee's action is then presented to the full Board in executive session for ratification. A written report of the approved compensation determination and the basis for that determination is subsequently filed and preserved with the College's General Counsel and Secretary.

ldentifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS,	FORM 990, PART VI, LINE 19	THE COLLEGE MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST ITS AUDITED FINANCIAL STATEMENTS ARE POSTED ON ITS WEB SITE. THE COLLEGE DOES NOT MAKE ITS CONFLICT POLICY AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS,	FORM 990, PART XI, LINE 5	UNREALIZED GAIN ON INVESTMENTS \$24,483,907, CHANGE IN INTEREST RATE SWAP LIABILITY \$2,756,967, POST-RETIREMENT BENEFIT OBLIGATION ADJUSTMENT (\$529,193), TOTAL ADJUSTMENT \$26,711,681

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**SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493136021552

Open to Public Inspection

Department of the Treasury Internal Revenue Service

OBERLIN COLLEGE

Name of the organization

**Employer identification number** 

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) Total income **(b)** Primary activity (c) Legal domicile (state (e) End-of-year assets (a)
Name, address, and EIN of disregarded entity Direct controlling or foreign country) 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) (c) Primary activity Legal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section (13) col organi	512(b) ntrolled	
						Yes	No	
(1) COLLEGE PROPERTIES OF OBERLIN INC								
173 WEST LORAIN STREET	PPTY HOLDING	ОН	501(c)(3)	11A	OBERLIN COLL			
OBERLIN, OH 44074 _34-1658407								
(2) COLLEGE PROPERTIES OF SOUTHWEST FLORIDA								
173 WEST LORAIN STREET	PPTY HOLDING	ОН	501(c)(3)	11A	OBERLIN COLL			
OBERLIN, OH 44074 34-1568219								
(3) COLLEGE PROPERTIES OF NORTHERN OHIOINC								
173 WEST LORAIN STREET	PPTY HOLDING	ОН	501(c)(3)	11A	OBERLIN COLL			
OBERLIN, OH 44074 34-0960554								
(4) OBERLIN SHANSI MEMORIAL ASSOCIATION								
173 WEST LORAIN STREET	EDUCATIONAL	ОН	501(c)(3)	11A	OBERLIN COLL			
OBERLIN, OH 44074 34-0768350								
(5) OBERLIN COLLEGE BROADCASTING INC								
70 N PROFESSOR STREET	BROADCAST ED	ОН	501(c)(3)	11A	OBERLIN COLL			
OBERLIN, OH 44074 26-3344852								
(6) THE FIVE COLLEGES OF OHIO								
209 CHASE AVENUE EATON CENTER	EDUC CONSORT	ОН	501(c)(3)	11A	NA			
GAMBIER, OH 43022 31-1440434								
(7) GREAT LAKES COLLEGES ASSOCIATION								
535 WEST WILLIAM	EDUC CONSORT	MI	501(c)(3)	11A	NA			
ANN ARBOR, MI 48103 38-1678376								

		re relat		<b>ble as a Partner</b> reated as a partne r										-	
<b>(a)</b> lame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share	<b>(f)</b> of total income	Shar	(g) e of end-of-year assets	(h) Disproprtionate allocations?			ıle K-1	(j Gene mana parti	ral or aging	<b>(k)</b> Percentage ownership
									Yes	No			Yes	No	
					ļ										
					+										
					+										
				ble as a Corpora ations treated as a							nswered	"Yes" on	Form	990,	Part IV,
Name, address, and	(a) EIN of related organiza	tion	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		(d) Direct control entity	lling	(e) Type of entity (C corp, S corp or trust)		(1 are of to	tal income	<b>(g</b> Shar end-of asso	e of -year		<b>(h)</b> Percentage ownership
<b>(1)</b> CHARITABLE REMAINDI 173 WEST LORAIN STREET OBERLIN, OH44074	ER TRUSTS (24)		CHARITABLE TRUSTS	ОН		OBERLIN COLLE	GE	TRUST							
<b>(2)</b> CHARITABLE REMAINDI 173 WEST LORAIN STREET OBERLIN, OH44074	ER TRUST (1)		CHARITABLE TRUST	WA		OBERLIN COLLE	GE	TRUST							

che	edule R (Form 990) 2010		Ρa	age <b>3</b>
Pa	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		Yes	No
<b>1</b> D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
C	Gift, grant, or capital contribution from other organization(s)	<b>1</b> c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
е	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	<b>1</b> g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10		No
p	Reimbursement paid by other organization for expenses	1р	Yes	$oxed{\Box}$
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	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 in	(d) termii volved		nount

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1) COLLEGE PROPERTIES OF OBERLIN	к		
(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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) ieral or naging rtner?	
			Yes	No		Yes	No		Yes	No	
									+	1	
							$\vdash$		+	╁	
									-	-	
									+	-	
										t	

## Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: Software Version:

**EIN:** 34-0714363

Name: OBERLIN COLLEGE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations											
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	(g Section (b)(i contro organiz	n 512 13) olled				
						Yes	No				
COLLEGE PROPERTIES OF OBERLIN INC											
173 WEST LORAIN STREET OBERLIN, OH44074 34-1658407	PPTY HOLDING	он	501(c)(3)	11A	OBERLIN COLL						
COLLEGE PROPERTIES OF SOUTHWEST FLORIDA											
173 WEST LORAIN STREET OBERLIN, OH44074 34-1568219	PPTY HOLDING	он	501(c)(3)	11A	OBERLIN COLL						
COLLEGE PROPERTIES OF NORTHERN OHIOINC											
173 WEST LORAIN STREET OBERLIN, OH44074 34-0960554	PPTY HOLDING	он	501(c)(3)	11A	OBERLIN COLL						
OBERLIN SHANSI MEMORIAL ASSOCIATION											
173 WEST LORAIN STREET OBERLIN, OH44074 34-0768350	EDUCATIONAL	он	501(c)(3)	11A	OBERLIN COLL						
OBERLIN COLLEGE BROADCASTING INC											
70 N PROFESSOR STREET OBERLIN, OH44074 26-3344852	BROADCAST ED	он	501(c)(3)	11A	OBERLIN COLL						
THE FIVE COLLEGES OF OHIO											
209 CHASE AVENUE EATON CENTER GAMBIER, 0H43022 31-1440434	EDUC CONSORT	он	501(c)(3)	11A	NA						
GREAT LAKES COLLEGES ASSOCIATION											
535 WEST WILLIAM ANN ARBOR, MI48103 38-1678376	EDUC CONSORT	MI	501(c)(3)	11A	NA						

Software ID: Software Version:

**EIN:** 34-0714363

Name: OBERLIN COLLEGE

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

Compensated Employees, and Independent Contractors												
<b>(A)</b> Name and Title	(B) Average hours per	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Robert S Lemle Chairman	16 0	x						0	0	0		
Neil S Barsky Trustee	2 0	Х						0	0	0		
Amy Chen Trustee	2 0	х						0	0	0		
Edith W Clowes Trustee	2 0	х						0	0	0		
Thomas F Cooper Trustee	8 0	Х						0	0	0		
Assiatou B Diallo Trustee	2 0	x						0	0	0		
Karen Gebhart Flint Trustee	2 0	Х						0	0	0		
Karen Florini Trustee	2 0	×						О	0	0		
Robert J Frascino Trustee	8 0	Х						0	0	0		
Alan Houseman Trustee	2 0	x						О	0	0		
Victor L Hymes Trustee	2 0	Х						0	0	0		
Hidong Kim Trustee	2 0	×						0	0	0		
John D Koch Trustee	4 0	Х						0	0	0		
Stewart A Kohl Trustee	2 0	×						0	0	0		
Thomas Kutzen Trustee	8 0	×						0	0	0		
William Lewis Trustee	4 0	Х						0	0	0		
Kofi Lomotey Trustee	2 0	×						0	0	0		
Chesley Maddox-Dorsey Trustee	4 0	Х						0	0	0		
Joseph L Markoff Trustee	2 0	Х						0	0	0		
Emily McClintock Trustee	2 0	Х						0	0	0		
Mathilda McGee-Tubb Trustee	2 0	х						0	0	0		
Clyde S McGregor Trustee	4 0	Х						0	0	0		
Asishana Osho Trustee	2 0	Х						0	0	0		
William Robinson Trustee	2 0	Х						0	0	0		
David Shapira Trustee	2 0	Х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours per		tion ( that a		/)			(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Steven Shapıro Trustee	2 0	Х						0	0	0
Ezra Spier Trustee	2 0	Х						0	0	0
Susan J Troy Trustee	4 0	Х						0	0	0
Harlan W Waksal Trustee	4 0	Х						0	0	0
Sandra N Waters Trustee	4 0	Х						0	0	0
Elizabeth Welch Trustee	2 0	Х						0	0	0
Danette Wineberg Trustee	4 0	Х						0	0	C
Alan Wurtzel Trustee	4 0	Х						0	0	C
Diane Yu Trustee	4 0	Х						0	0	0
Marvin Krislov President	40 0			×				337,858	0	124,200
Ronald R Watts VP for Finance	40 0			х				261,294	0	34,231
Marcıa E Miller Chief Investment Officer	40 0			×				196,694	0	29,326
Mark R Bates Assoc VP for Finance	40 0			х				154,427	0	20,155
David H Stull Dean of Conservatory	40 0			х				471,339	0	116,075
Sean M Decatur Dean of Arts & Sciences	40 0			х				213,854	0	34,251
Sandhya L Subramanian General Counsel & Secretary	40 0			х				149,251	0	19,018
Kathleen A Murphy Controller	40 0			×				97,185	0	11,628
William E Barlow VP of Devel/Alumni Affairs	40 0			х				202,894	0	24,287
Debra J Chermonte Dean of Admissions & FinAid	40 0				х			167,847	0	25,326
Linda W Gates Dean of Students	40 0				х			162,872	0	33,814
David W Orr Professor	40 0					Х		199,385	0	39,697
Harry N Hirsch Professor	40 0					х		166,594	0	29,755
Michael M Nolan Assoc VP Devel/Dir Princ Gift	40 0					Х		165,593	0	25,703
Clayton R Koppes Professor	40 0					Х		164,914	0	29,003
Ellis W Tallman Professor	40 0					х		160,405	0	34,055