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DLN: 93493132031887

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/foim990</u>

Open to Public Inspection

A F	or the 2015	calendar year, or tax year begin	nning 07-01-2015 , and ending 06-30-201	L 6			
	eck if applicab	C Name of organization			D Emplo	yer ide	ntification number
	ldress change				31-0	53717	7
	ame change Itial return	Doing business as WITTENBERG UNIVERSITY					
FII	nal				E Teleph	one num	iber
_	terminated ended return	200 WEST WARD STREET PO BO	of mail is not delivered to street address) Room/su OX 720	ite	(937	327-7	7025
	olication pend	City or town, state or province, SPRINGFIELD, OH 45501	country, and ZIP or foreign postal code				
		·		ı		· ·	\$ 133,619,194
		F Name and address of pri DR RICHARD HELTON	ncipal officer	H(a)	Is this a group subordinates?		ıfor
		200 WEST WARD STREET SPRINGFIELD, OH 45501			No		l ies l ∢
I Ta:	x-exempt stat		◀ (insert no)	H(b)	Are all subord included?	ınates	□Yes □ No
1 \A/	obcito. N	WWW WITTENBERG EDU	4 (magneting) 4547 (a)(1) or 527			n a list	(see instructions)
, vv	ebsite: P	WWW WITTENBERG EDO			Group exemp		
K Forr	n of organizat	ion 🗸 Corporation 🗆 Trust 🗀 As	sociation Other >	L Yea	ar of formation 1	845 M	State of legal domicile OF
Pa	rt I Su	mmary					
Governance	WITTE WHOLE WITTE	NBERG UNIVERSITY PROVID NESS OF PERSON WITHIN A NBERG CHALLENGES STUDEN	SION OF MOST SIGNIFICANT ACTIVITIES ES A LIBERAL ARTS EDUCATION DEDIC DIVERSE RESIDENTIAL COMMUNITY F NTS TO BECOME RESPONSIBLE GLOBAL IONAL, AND CIVIC LIVES OF CREATIV	REFLEC [*] L CITIZ	TING ITS LUT ENS, TO DISC	HERAN OVER	N HERITAGE, THEIR CALLINGS,
	2 Check	this box ▶ ┌ if the organizatio	n discontinued its operations or disposed	of more	than 25% of it	s net as	ssets
Activities &	3 Numb	ar of voting members of the gov	erning body (Part VI, line 1a)			3	21
ME		-	ers of the governing body (Part VI, line 1b)			4	20
AC E		· -	ın calendar year 2015 (Part V, line 2a) .			5	1,848
•	6 Total	number of volunteers (estimate	ıf necessary)			6	75
			n Part VIII, column (C), line 12			7a	151,412
	b Netuni	elated business taxable income	e from Form 990-T, line 34	<u> </u>		7b	55,976
		to be because of a second of the control of the con	T. Long 415		Prior Year	100	Current Year 24,540,900
						.4001	24.540.900
<u>Qi</u>		ntributions and grants (Part VII gram service revenue (Part VII	· · · · · · · · · · · · · · · · · · ·		9,716		
enuev	9 Pro	gram service revenue (Part VII	I, line 2g)		82,062	,643	78,590,672
Ravenue	9 Pro 10 Inv	gram service revenue (Part VII estment income (Part VIII, col	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	,643	
Revenue	9 Pro10 Inv11 Oth12 Tot	gram service revenue (Part VII estment income (Part VIII, col ier revenue (Part VIII, column (al revenue—add lines 8 through	I, line 2g)	e	82,062	,643 ,061 603	78,590,672 6,926,715
Ravenue	9 Pro 10 Inv 11 Oth 12 Tot 12)	gram service revenue (Part VII estment income (Part VIII, col ier revenue (Part VIII, column (al revenue—add lines 8 through	I, line 2g)	e	82,062 5,256 97,035	,643 ,061 603 ,707	78,590,672 6,926,715 -459,503 109,598,784
Ravenue	 9 Pro 10 Inv 11 Oth 12 Toth 12 Toth 13 Grad 	gram service revenue (Part VII estment income (Part VIII, col er revenue (Part VIII, column (al revenue—add lines 8 through nts and similar amounts paid (F	I, line 2g)		82,062 5,256	,643 ,061 603 ,707	78,590,672 6,926,715 -459,503
	9 Pro 10 Inv 11 Oth 12 Tot 12) 13 Gra 14 Ber	gram service revenue (Part VII estment income (Part VIII, col er revenue (Part VIII, column (al revenue—add lines 8 through nts and similar amounts paid (Partition)	I, line 2g)		82,062 5,256 97,035 39,271	,643 ,061 603 ,707 ,614	78,590,672 6,926,715 -459,503 109,598,784 37,624,485
	9 Pro 10 Inv 11 Oth 12 Tot 12 Tot 12 Tot 15 Sal 5-:	gram service revenue (Part VII estment income (Part VIII, coluer revenue (Part VIII, column (al revenue—add lines 8 through nts and similar amounts paid (Partis paid to or for members (Partis) aries, other compensation, emp	I, line 2g)		82,062 5,256 97,035	,643 ,061 603 ,707 ,614 0	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306
	9 Pro 10 Inv 11 Ott 12 Tot 12: 13 Gra 14 Ber 15 Sal 5-: 16a Pro	gram service revenue (Part VII estment income (Part VIII, col ier revenue (Part VIII, column (al revenue—add lines 8 through ints and similar amounts paid (Partist paid to or for members (Partist) of the compensation, emp	I, line 2g)		82,062 5,256 97,035 39,271	,643 ,061 603 ,707 ,614	78,590,672 6,926,715 -459,503 109,598,784 37,624,485
Exp enses Revenue	9 Pro 10 Inv 11 Oth 12 Toth 12 Toth 13 Gra 14 Ber 15 Sal 5-: 16a Pro b Tota	gram service revenue (Part VII estment income (Part VIII, column (part VIII), column (part viiii), column (part viiiii), column (part viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	I, line 2g)		82,062 5,256 97,035 39,271 29,347	,643 ,061 603 ,707 ,614 0 ,762	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306
	9 Pro 10 Inv 11 Oth 12 Tota 12: 13 Gra 14 Ber 15 Sal 5-: 16a Pro b Tota 17 Oth	gram service revenue (Part VII estment income (Part VIII, column (part vIII), column (part vIIII), column (part vIIII), column (part vIIII), column (part vIIIII), column (part vIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	I, line 2g)		82,062 5,256 97,035 39,271 29,347	,643 ,061 603 ,707 ,614 0 ,762 0	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306
	9 Pro 10 Inv 11 Oth 12 Tota 12 Tota 13 Gra 14 Ber 15 Sal 5-: 16a Pro b Tota 17 Oth 18 Tota	gram service revenue (Part VII estment income (Part VIII, column (part vIII), column (part vIIII), column (part vIIII), column (part vIIII), column (part vIIIIIIII), column (part vIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	I, line 2g)		82,062 5,256 97,035 39,271 29,347	,643 ,061 603 ,707 ,614 0 ,762 0	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306
Expenses	9 Pro 10 Inv 11 Oth 12 Tota 12 Tota 13 Gra 14 Ber 15 Sal 5-: 16a Pro b Tota 17 Oth 18 Tota	gram service revenue (Part VII estment income (Part VIII, column (part vIII), column (part vIIII), column (part vIIII), column (part vIIII), column (part vIIIIIIII), column (part vIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	I, line 2g)		82,062 5,256 97,035 39,271 29,347 24,568 93,187	,643 ,061 603 ,707 ,614 0 ,762 0	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306 0 24,772,964 90,494,755
Expenses	9 Pro 10 Inv 11 Oth 12 Tot 12: 13 Gra 14 Ber 15 Sal 5-: 16a Pro b Tota 17 Oth 18 Tot 19 Rev	gram service revenue (Part VII estment income (Part VIII, column (part viii), column (part part viii), column (part viiii), column (part viiii), column (part viiii), column (part viiiii), column (part viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	I, line 2g)		82,062 5,256 97,035 39,271 29,347 24,568 93,187 3,847	,643 ,061 603 ,707 ,614 0 ,762 0 ,364 ,740 ,967 Year	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306 0 24,772,964 90,494,755 19,104,029 End of Year
Expenses	9 Pro 10 Inv 11 Oth 12 Tot 12 Tot 13 Gra 14 Ber 15 Sal 5-: 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot	gram service revenue (Part VII estment income (Part VIII, column (part viii), column (part part viii), column (part part viii), column (part viii), column (part viii), column (part viiii), column (part viiii), column (part viiiii), column (part viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	I, line 2g)		82,062 5,256 97,035 39,271 29,347 24,568 93,187 3,847	,643 ,061 603 ,707 ,614 0 ,762 0 ,364 ,740 ,967 Year	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306 0 24,772,964 90,494,755 19,104,029
Expenses	9 Pro 10 Inv 11 Oth 12 Tota 13 Gra 14 Ber 15 Sal 5-: 16a Pro 17 Oth 18 Tota 19 Rev 20 Tota 21 Tota	gram service revenue (Part VIII estment income (Part VIII, column (part viii), column (part viii), column (part viii), column (part viiii), all revenue—add lines 8 through ints and similar amounts paid (Part part part part part part part part p	I, line 2g)		82,062 5,256 97,035 39,271 29,347 24,568 93,187 3,847 ining of Current	,643 ,061 603 ,707 ,614 0 ,762 0 ,364 ,740 ,967 Year	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306 0 24,772,964 90,494,755 19,104,029 End of Year 192,247,953
Net Assets or Expenses Fund Balances	9 Pro 10 Inv 11 Oth 12 Tota 12 Tota 13 Gra 14 Ber 15 Sal 5-: 16a Pro 17 Oth 18 Tota 19 Rev 20 Tota 21 Tota 22 Net	gram service revenue (Part VII estment income (Part VIII, column (part revenue (Part VIII), column (part revenue (Part VIII), column (part revenue — add lines 8 through ints and similar amounts paid (Part part part part part part part part p	I, line 2g)	Begin	82,062 5,256 97,035 39,271 29,347 24,568 93,187 3,847 ning of Current 183,650 64,356 119,294	,643 ,061 603 ,707 ,614 0 ,762 0 ,364 ,740 ,967 Year ,779 ,051	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306 0 24,772,964 90,494,755 19,104,029 End of Year 192,247,953 49,457,590 142,790,363
Met Assets or Expenses fund Balances Expenses	9 Pro 10 Inv 11 Oth 12 Tot 12: 13 Gra 14 Ber 15 Sal 5-: 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot 21 Tot 22 Net 11 Si r penalties nowledge ar rer has any	gram service revenue (Part VII estment income (Part VIII, column (part revenue (Part VIII), column (part revenue) al revenue—add lines 8 through the service of the service	I, line 2g)	Begin	82,062 5,256 97,035 39,271 29,347 24,568 93,187 3,847 ning of Current 183,650 64,356 119,294 hedules and st	,643 ,061 603 ,707 ,614 0 ,762 0 ,364 ,740 ,967 Year ,779 ,051 ,728	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306 0 24,772,964 90,494,755 19,104,029 End of Year 192,247,953 49,457,590 142,790,363 ts, and to the best of
Met Assets or Expenses fund Balances Expenses	9 Pro 10 Inv 11 Oth 12 Tot 12: 13 Gra 14 Ber 15 Sal 5-: 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot 21 Tot 22 Net 111 Si r penalties nowledge ar rer has any	gram service revenue (Part VIII estment income (Part VIII, column (part revenue (Part VIII), column (part revenue) (Part III), column (part	I, line 2g)	Begin	82,062 5,256 97,035 39,271 29,347 24,568 93,187 3,847 Ining of Current 183,650 64,356 119,294 hedules and stern) is based or	,643 ,061 603 ,707 ,614 0 ,762 0 ,364 ,740 ,967 Year ,779 ,051 ,728	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306 0 24,772,964 90,494,755 19,104,029 End of Year 192,247,953 49,457,590 142,790,363
Net Assets of Expenses Independent of Fund Balances	9 Pro 10 Inv 11 Oth 12 Tot 12: 13 Gra 14 Ber 15 Sal 5-: 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot 21 Tot 22 Net 111 Si r penalties nowledge ar rer has any	gram service revenue (Part VIII estment income (Part VIII, col per revenue (Part VIII, column (pal revenue—add lines 8 through ints and similar amounts paid (Part Service) per service (Part III) per service (Part III) per service (Part III) per expenses (Part III) per expenses (Part III) per expenses (Part III) per expenses Add lines 13–17 (per expenses Add lines 13–17 (per nue less expenses Subtract I per less expe	I, line 2g)	Begin	82,062 5,256 97,035 39,271 29,347 24,568 93,187 3,847 3,847 183,650 64,356 119,294 hedules and st. er) is based or	,643 ,061 603 ,707 ,614 0 ,762 0 ,762 0 ,740 ,967 Year ,779 ,051 ,728	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306 0 24,772,964 90,494,755 19,104,029 End of Year 192,247,953 49,457,590 142,790,363 tts, and to the best of ormation of which
Here Balances Expenses of Expenses and Balances Expenses	9 Pro 10 Inv 11 Oth 12 Tot 12: 13 Gra 14 Ber 15 Sal 5-: 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot 21 Tot 22 Net 111 Si 17 repenalties 18 repenalties 19 Rev 19 Rev 10 Rev 11 Si 11 Rev	gram service revenue (Part VIII estment income (Part VIII, column (part viii), column (part viiii), column (part viiii), column (part viiii), column (part viiii), column (part viiiiiii),	I, line 2g)	Begin	82,062 5,256 97,035 39,271 29,347 24,568 93,187 3,847 Ining of Current 183,650 64,356 119,294 hedules and st. er) is based or 2017-05-08 Date Check ff self-employed	,643 ,061 603 ,707 ,614 0 ,762 0 ,364 ,740 ,967 Year ,779 ,051 ,728 attement all info	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306 0 24,772,964 90,494,755 19,104,029 End of Year 192,247,953 49,457,590 142,790,363 ts, and to the best of ormation of which
Net Assets or Expenses On Branch Balances On Branch	9 Pro 10 Inv 11 Oth 12 Tot 12: 13 Gra 14 Ber 15 Sal 5-: 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot 21 Tot 22 Net 111 Si 17 repenalties 18 repenalties 19 Rev 19 Rev 10 Rev 11 Si 11 Rev	gram service revenue (Part VIII estment income (Part VIII, col per revenue (Part VIII, column (pal revenue—add lines 8 through ints and similar amounts paid (Part Service) per service (Part III) per service (Part III) per service (Part III) per expenses (Part III) per expenses (Part III) per expenses (Part III) per expenses Add lines 13–17 (per expenses Add lines 13–17 (per nue less expenses Subtract I per less expe	I, line 2g)	Begin	82,062 5,256 97,035 39,271 29,347 24,568 93,187 3,847 Ining of Current 183,650 64,356 119,294 hedules and st. er) is based or 2017-05-08 Date Check ff	,643 ,061 603 ,707 ,614 0 ,762 0 ,364 ,740 ,967 Year ,779 ,051 ,728 atement all info	78,590,672 6,926,715 -459,503 109,598,784 37,624,485 0 28,097,306 0 24,772,964 90,494,755 19,104,029 End of Year 192,247,953 49,457,590 142,790,363 ts, and to the best of ormation of which

DAYTON, OH 45439

✓Yes No

64,802,710) WITTENBERG UNIVERSITY CURRENTLY ENROLLS APPROXIMATELY 1,800 FULL-TIME STUDENTS WHO PURSUE DEGREES IN MORE THAN 34 MAJOR FIELDS OF STUDY THE UNIVERSITY HOLDS GENERAL ACCREDITATION FROM THE NORTH CENTRAL ASSOCIATION OF COLLEGES AND SCHOOLS AND SOME DEPARTMENTS HOLD SPECIALTY ACCREDITATIONS EFFECTIVE DECEMBER 1, 2000, THE OHIO BOARD OF REGENTS GRANTED THE UNIVERSITY AN AMENDED CERTIFICATE OF AUTHORIZATION TO CONFER THE DEGREES OF BACHELOR OF ARTS, BACHELOR OF SCIENCE, BACHELOR OF FINE ARTS, BACHELOR OF MUSIC, BACHELOR OF MUSIC EDUCATION, AND MASTER OF ARTS IN EDUCATION THE REGENTS ALSO APPROVED THE UNIVERSITY IN THE FOLLOWING TEACHER LICENSURE FIELDS EARLY CHILDHOOD, MIDDLE CHILDHOOD, INTERVENTION SPECIALIST MILD/MODERATE EDUCATIONAL NEEDS, ADOLESCENT TO YOUNG ADULT EARTH SCIENCES, INTEGRATED LANGUAGE ARTS, INTEGRATED MATHEMATICS, INTEGRATED SOCIAL STUDIES, AND LIFE SCIENCES, MULTI-AGE DRAMA/THEATER, FOREIGN LANGUAGE, MUSIC AND VISUAL ARTS 9,634,492 including grants of \$ 4b (Code) (Expenses \$) (Revenue \$ 1,124,005) STUDENTS AT WITTENBERG HAVE THE OPPORTUNITY TO PARTICIPATE IN APPROXIMATELY 120 CO-CURRICULAR ORGANIZATIONS WITH MULTIPLE LEADERSHIP OPPORTUNITIES STUDENT ORGANIZATIONS ARE SOME OF THE MOST ACTIVE AND IMPACTFUL GROUPS ON CAMPUS WITTENBERG OFFERS A BROAD-BASED

INTERCOLLEGIATE ATHLETICS PROGRAM NOW OFFERING 24 VARSITY TEAMS - 12 FOR MEN AND 12 FOR WOMEN - IN ADDITION TO NUMEROUS CLUB AND

INTRAMURAL OPPORTUNITIES. THERE IS SOMETHING TO MEET EVERY STUDENT'S ATHLETIC AND RECREATIONAL NEEDS. (Code) (Expenses \$ 8,727,081 including grants of \$) (Revenue \$ 12,663,957) 4c WITTENBERG IS A RESIDENTIAL CAMPUS WITH APPROXIMATELY 91% OF THE STUDENTS RESIDING ON CAMPUS OR IN THE UNIVERSITY DISTRICT NEIGHBORHOOD IN CLOSE PROXIMITY TO THE CAMPUS STUDENTS MAY CHOOSE TO LIVE IN ONE OF 7 DISTINCT RESIDENCE HALLS. WITTENBERG OFFERS A WIDE SELECTION OF HOUSES AND APARTMENTS FOR JUNIORS AND SENIORS SEVERAL DINING LOCATIONS ARE AVAILABLE ON CAMPUS, AND THE STUDENT CENTER HOUSES A BOOKSTORE, CAMPUS MAILROOM, GAME ROOM, LOUNGES, AND OTHER AMENITIES See Additional Data

4d Other program services (Describe in Schedule O) (Expenses \$ 6.082.800 including grants of \$) (Revenue \$ Total program service expenses ▶ 81,527,883

Page 2

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\mathfrak D}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	
	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	11 c		No
	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	11 d		No
е	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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a	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 and XII 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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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: IV	Checklist of Required	Schedules	(continued)

Pa	rt IV Checklist of Required Schedules (continued)		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Ī
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		l

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

current and former officers, directors, trustees, key employees, and highest compensated employees? If "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 through 24d

22

Yes

Yes

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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Yes

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Form 990 (2015)

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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	. No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3	00	165	NO
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	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	48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	
b	If "Yes," enter the name of the foreign country ▶ ^{CJ}			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gi	fts		
_	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did bloom and the second of th			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	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	\dashv		
	facilities			
11	Section 501(c)(12) organizations. Enter			
a b	Gross income from members or shareholders			
•	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.	\dashv		
	economica (c)(E) y quantica nonprovin incardi modifici issuers.			
а	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	134		
	in which the organization is licensed to issue qualified health plans	_		
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			
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 21			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . **12**a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Did the organization have a written whistleblower policy? 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . 15a Yes 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 **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section C. Disclosure

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

 AK , KY , MA , MD , MI , MT , NV , NH , NY , OH , OR , WA

.8	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 made these available Check all that apply
	Communitarity Charthada wahada Gillana wasaat Cothan (audam in Cahadula O)

| Own website | Another's website | ✓ Upon request | Other (explain in Schedule O)

9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

► State the name, address, and telephone number of the person who possesses the organization's books and records

►RANDAL J FREEBOURN PO BOX 720 200 WEST WARD STREET SPRINGFIELD, OH 45504 (937) 327-7025

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer Institutional Truster		Former Highest compensated emptovee		2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total			٠.			•				L
c Total from continuation sho d Total (add lines 1b and 1c)	•	ection A	۱. 	٠.	٠.	• • •		1,165,791	0	62,311

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year						
(A) Name and business address	(B) Description of services	(C) Compensation				
SODEXO SERVICES	MEAL SERVICES/CATERING	2,839,363				
200 WEST WARD ST SPRINGFIELD, OH 45504						
ROYALL & COMPANY	CONSULTING SERVICES	940,949				
1920 EAST PARHAM ROAD RICHMOND, VA 232282206						
WFF FACILITY SERVICES	JANITORIAL SERVICES	850,608				
211 SOUTH JEFFERSON AVENUE ST LOUIS, MO 63103						
HOGAN CONSULTING GROUP	CONSULTING SERVICES	263,450				
709-2 PLAZA DRIVE 142 CHESTERTON, IN 46304						
HP GROUP	CONSULTING SERVICES	168,693				
2425 WEST 11TH STREET CLEVELAND, OH 44113						
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than					

Form 99								Page 9
Part V	1111	Statement o						_
		Check if Schedu	ule O contains a respor	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω <u>κ</u>	1a	Federated camp	paigns 1a					
Grants Amounts	ь	Membership du	es 1b					
, Gr	С	Fundraising eve	ents 1 c	32,760				
iffs ar A	d	Related organiz	ations 1d					
s, G mil	е	Government grants	s (contributions) 1e	1,341,086				
Contributions, Gifts, Grants and Other Similar Amounts	f		ons, gifts, grants, and 1f	23,167,054				
but the	q	similar amounts no	ot included above	242.402				
a o		1a-1f \$		343,103	24.540.000			
<u> </u>	h	Total. Add lines	s 1a-1f		24,540,900			
± E		TUTTON AND FEE		Business Code				
Program Service Revenue	2a b	AUXILIARY ENTERS	-	611310	64,802,710	64,802,710		
o≛ o±	C	OTHER SOURCE IN		611710 611710	12,663,957 1,124,005	12,663,957 1,120,131	3,874	
آ لا	d			011710	1,124,003	1,120,131	3,074	
<i>3</i> 5 ⊆	е							
grar	f	All other progra	am service revenue					
Æ	g	Total. Add lines	s 2a-2f		78,590,672			
	3	Investment inc	ome (including dividen	ds, interest,	2,424,479		2,617	2,421,862
	4		ar amounts)	-	2,727,773		2,017	2,421,002
	5			` ['] . ['] ▶	2,439		1,494	945
			(ı) Real	(11) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	, ,	me or (loss)					
	_	Crass amount	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	25,925,537	2,578,045				
	ь	Less cost or other basis and	23,957,548	43,798				
		sales expenses Gain or (loss)	1,967,989	2,534,247				
	d	· · · · · · · · · · · · · · · · · · ·	s)		4,502,236		257,610	4,244,626
Other Revenue	8 a	Gross income f events (not inc \$32	rom fundraising luding ,760 s reported on line 1c)					
her			a	32,355				
õ	b c		penses b (loss) from fundraising	19,064	13,291			13,291
		Gross income f	from gaming activities ne 19	events p	,			
	ь	Less direct ex	penses b					
			· (loss) from gamıng actı	vities				
	10a	Gross sales of	inventory, less	•				
		returns and allo	owances .					
	ь	Less cost of go	a oods sold b					
		_	(loss) from sales of inve	entory ►				
		Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11a	PARTNERSHIP	'INCOME	900099	-475,233		-114,183	-361,050
	ь							
	C	A 11 - +1-						
	d e	All other revenue Total. Add lines		•				
	12			•	-475,233			
		iotai revenue.	See Instructions .	•	109,598,784	78,586,798	151,412	6,319,674

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	36,870,740	36,870,740		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	753,745	753,745		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	976,936	830,396	107,463	39,077
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	20,837,160	17,711,586	2,292,088	833,486
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	977,631	830,986	107,540	39,105
9	Other employee benefits	3,839,029	3,263,175	422,293	153,561
10	Payroll taxes				
		1,466,550	1,246,567	161,321	58,662
11	Fees for services (non-employees)				
а	Management				
b	Legal	190,982		190,982	
С	Accounting	154,689		154,689	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	264,789		264,789	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,090,649	927,052	119,971	43,626
12	Advertising and promotion	1,000,481	850,409	110,053	40,019
13	Office expenses	1,077,378	915,771	118,512	43,095
14	Information technology	1,166,025	991,121	128,263	46,641
15	Royalties				
16	Occupancy	5,656,732	4,808,222	622,241	226,269
17	Travel	1,060,292	901,248	116,632	42,412
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,147,819	1,825,646	236,260	85,913
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,908,276	3,322,035	429,910	156,331
23	Insurance	585,821	497,948	64,440	23,433
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FOOD SERVICE EXPENSE	3,185,802	2,707,932	350,438	127,432
b	DEPARTMENTAL PRO GRAMS	1,920,394	1,632,335	211,243	76,816
c	LOSS ON UNCOLLECTIBLE P	608,753		608,753	
d	BOOKS AND RECORDS	536,688	456,184	59,036	21,468
e	All other expenses	217,394	184,785	23,913	8,696
25	Total functional expenses. Add lines 1 through 24e	90,494,755	81,527,883	6,900,830	2,066,042
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X	Balance She
	Check if Schedu

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Fund Balances

Net Assets or

Form 990 (2015) lle O contains a response or note to any line in this Part X $\,\cdot\,\,$. $\,\cdot\,\,$. $\,$. $\,$. $\,$. $\,$.

10a

10b

101111 330 (2013)		
Part X	Balance Sheet		

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Total liabilities.Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Page

(B)

End of year

1,119

13,876,004

16,000,627

2,260,219

302,968

62,482,229

50,774,759

33,373,282

7,303,572

5,873,174

7,082,686

1,693,348

29 922 841

1,913,083

1,613,000

7,232,632

49,457,590

11,834,827

44,563,647

86,391,889

142,790,363

192,247,953 Form 990 (2015)

192,247,953

(A)

Beginning of year

6,374

13.396.661

2.883.055

2,215,741

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868.782

64,880,882

56,591,766

30,434,774

6,357,035

6.015.709

6,164,101

1,846,743

31 984 441

2,057,781

1,675,630

20,627,355

64,356,051

13,162,703

23,685,996

82,446,029

119.294.728

183,650,779

183,650,779

172 784 378

110,302,149

Page 12

109,598,784

90,494,755

19,104,029

-5,529,831

264 789

Νo

2a

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2015)

119,294,728

Net assets of fund balances at beginning of year (must equal Part X, fine 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	
Investment expenses	7	

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

				07,703
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,6	56,648
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	142,7	90,363
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	<u>. </u>
			 Yes	No
1	Accounting method used to prepare the Form 990	_		

Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID:

Software Version:

EIN: 31-0537177

Name: THE BOARD OF DIRECTORS OF WITTENBERG COLLEGE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 6.082.800 including grants of \$)

ACADEMIC SUPPORT SERVICES AND INSTITUTIONAL SUPPORT SERVICES

cluding grants of \$) (Re

) (Revenue \$

)

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

Compensated Employees, and Inde	pendent Co	ntrac	ctors	S				•	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/i	not one n is and trus		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DR LAURIE JOYNER PRESIDENT (TO 11/7/15)	40 00	×		×			422,149	0	41,355
DR RICHARD E HELTON PRESIDENT (EFF 1/1/16)	24 00	х		×			0	0	0
TOM MURRAY BOARD-CHAIR (TO 3/31/16)	1 00	х		х			0	0	0
MARTIN J UHLE BOARD-VICE CHAIR	1 00	×		×			0	0	0
REV JONATHAN L EILERT BOARD-SEC/INTERIM CHAIR (EFF 4/1/16)	1 00	×		×			0	0	0
GLENN CHRISTENSON BOARD-TREASURER (TO 12/31/15)	1 00	х		x			0	0	0
	1.00						_		

1 00

1 00

1 00

Х

Χ

R ANDREW BELL

ROY K ALLEN

BOARD MEMBER

DAVID E BAINES

BOARD MEMBER

WES C BATES BOARD MEMBER

BOARD-INTERIM TREASURER (EFF 2/1/16)

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

compensated Employees, and Inde	pendent co	illiac	.tors	3			,	ı .	ı	1
(A) Name and Title	(B) A verage hours per week (list any hours for related	verage Position (do not check ours per more than one box, eek (list unless person is both an officer and a						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JENNIFER SAUER COOPERIDER BOARD MEMBER	1 00	x						0	0	0
WILLIAM D EDWARDS BOARD MEMBER	1 00	х						0	0	0
JAMES J HENSON BOARD MEMBER	1 00	x						0	0	0
ALICIA SWEET HUPP BOARD MEMBER	1 00	x						0	0	C
DOUGLAS E KENTFIELD BOARD MEMBER	1 00	×						0	0	C
REV DR MARCUS C LOHRMANN BOARD MEMBER	1 00	х						0	0	C
DR WENDELL R LUTZ	1 00							_		_

1 00

1 00

1 00

Х

Χ

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

JOHN P MCDANIEL

SARAH HAGEN MCWILLIAMS

FREDERICK B MITCHELL

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

3,084

2,542

7,800

3,760

115,624

117,863

126,163

117,711

113,367

Х

Χ

Х

Χ

Form 990, Part VII - Compensation Compensated Employees, and Inde					fru:	stee	s, k	(ey Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unles	sition ore tl ss pe	(C n (do than erso icer	not one on is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
ROBERT E NESS BOARD MEMBER	1 00	x						0	0	0
DR MICHAEL A SENICH BOARD MEMBER	1 00	x						0	0	0
LEWIS W SHAW II BOARD MEMBER	1 00	x						0	0	C
JAMES R WYMER BOARD MEMBER	1 00	x						0	0	C
RANDAL J FREEBOURN VP FINANCE	40 00			x				152,914	0	3,770

40 00

40 00

40 00

40 00

40 00

.

MARY JO ZEMBAR

INTERIM PROVOST

CHRIS DUNCAN

WENDY KOBLER

ELIZABETH SORENSEN

RICHARD MICKOOL

PROVOST

CIO

.....

VP FOR UNIVERSITY ADVANCEMENT

PROFESSOR AND DIRECTOR OF NURSING

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

DLN: 93493132031887

Employer identification number

31-0537177

SCHEDULE A (Form 990 or 990EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is

2015
Open to Public Inspection

Internal Revenue Service

Name of the organization

THE BOARD OF DIRECTORS OF WITTENBERG COLLEGE

Department of the

Part I

✓

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3

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.qov/form990.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2015						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i die iii.	,
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T
(or	fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any unusual grants)						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
S	from line 4 ection B. Total Support						
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar sources Net income from unrelated						
9	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						
	VI)						
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 f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here					▶ ┌	
S	ection C. Computation of Pub						
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14	
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box
b	and stop here. The organization qua 33 1/3% support test—2014. If the	•			, and line 15 is 33	3 1/3% or more, o	heck this
	box and stop here. The organization						▶┌
17a	10%-facts-and-circumstances test - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and st	op here. Explain	oorted
	organization			_	•		▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ				•	•	-1
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•
18	supported organization Private foundation. If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	200 and 300	▶┌
							• 1

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•		•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities				
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			-
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

DLN: 93493132031887

Employer identification number

31-0537177

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

THE BOARD OF DIRECTORS OF WITTENBERG COLLEGE

Political expenditures

1

2

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
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Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization ui	nder section 4955	>	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 >	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to c	ther organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	organization made payments I amount of political contribution	nd employer identification number (I For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's fi to a separate political organ	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 99	0-EZ.	Cat No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page 2
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	\blacktriangleright	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	ОТ				age 3
	filed Form 5768 (election under section 501(h)).	(;	a)		(b)	
or e ectiv			No		moun	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes	1	1		
_	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo]		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				(
j	Total Add lines 1c through 1i					(
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			1		
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c)(5), (or se		
1	Were substantially all (90% or more) dues received nondeductible by members?		٦	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	**Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	_				
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group see instructions), and Part II-B, line 1. Also, complete this part for any additional information	p list),	Part II	[-A, lı	nes 1	and

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DLN: 93493132031887

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	me of the organization E BOARD OF DIRECTORS OF			Empl	oyer identificat	ion numb	er
	TENBERG COLLEGE			31-0	537177		
Pa	Organizations Maintaining Donor Complete if the organization answere			unds (or Accounts.		
		(a) Donor advised fund	s	(b)	Funds and othe	r account:	S
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	_		nor advis	sed	☐ Yes	□No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the				r purpos e	_	_
_	conferring impermissible private benefit?		1 1157 11		000 0 171	Yes	☐ No
	rt II Conservation Easements. Comple			on Forn	1 990, Part IV	, line /.	
1	Purpose(s) of conservation easements held by th	,	that apply)				
	Preservation of land for public use (e.g., recreeducation)	eation or	Preservation of a	n histor	ıcally ımportant	: land area	à
	Protection of natural habitat	· 	Preservation of a				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization	held a qualified conserva	tion contribution in t	the form	of a conservati	on	
	easement on the last day of the tax year	,					
					Held at the	End of the	e Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easeme		- d /- \	2b			
с	Number of conservation easements on a certified		` ,	2c			
d	Number of conservation easements included in (or historic structure listed in the National Register	.) acquired after 8/17/06	, and not on a	2d			
3	Number of conservation easements modified, trai	nsferred, released, exting	uished, or terminate	ed by the	e organızatıon d	uring the	
	tax year ▶						
4	Number of states where property subject to cons	ervation easement is loca	ated ▶				
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	ding the periodic monitor	'		ΓYe	s ⊏N	lo
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of vi	olations, and enforc	ing cons	•	•	ng the
	>						
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violation	ons, and enforcing c	onserva	ition easements	during th	ne year
	> \$						
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the	requirements of sec	ction 17	0(h)(4) Ye	s [N	lo
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the org					
Par	t III Organizations Maintaining Collection		ical Treasures,	or Oth	ner Similar A	ssets.	
	Complete if the organization answere						
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public ex	hibition, education,	or resea	arch in furtherar		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public ex					dic
((i) Revenue included on Form 990, Part VIII, line 1			> ¢			
	ii) Assets included in Form 990, Part X	•					
	''') Assets included in Form 990, Part X If the organization received or held works of art, h	nistorical treasures or of			rial dain, provid		
2	following amounts required to be reported under S	•				C HIC	
а	Revenue included on Form 990, Part VIII, line 1				▶ \$		

Assets included in Form 990, Part X

Par	t III Organizations Maintaining (continued)	Collections of A	rt, His	toric	al Tre	asures, or (Other Similar A	Assets
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other rec	ords,ch	neck an	y of the	e following that	are a significant u	se of its
а	Public exhibition		d		Loan o	r exchange pro	grams	
b	Scholarly research		e	Г	Other			
c	Preservation for future generations							
4	Provide a description of the organization		olain hov	w thev 1	urther	the organizatio	n's exempt purpos	e in
·	Part XIII	is conceined and exp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., ., .	arene.	and organizatio	no exempt purpos	C 111
5	During the year, did the organization sol assets to be sold to raise funds rather t							es 🗆 No
Pai	rt IV Escrow and Custodial Arr	angements.						•
	Complete if the organization Part X, line 21.					•	•	nt on Form 990,
1 a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?	istodian or other interi	mediary	for cor	itributi	ons or other as	sets not Y e	es No
b	If "Yes," explain the arrangement in I	Part XIII and complete	e the fol	lowing	table		An	nount
c	Beginning balance					10	:	
d	Additions during the year					10	ı	
е	Distributions during the year					16	2	
f	Ending balance					1f		
2 a	Did the organization include an amount	on Form 990, Part X, I	ıne 21,	for esc	row or	custodial accou	unt liability? Ye	es No
ь	TE Was II sounds on the same of sounds on Day	+ VIII - Charle bana (f. 6		4	h h -		D+ VIII	
	If "Yes," explain the arrangement in Par If "Yes," explain the arrangement in Par If "Yes," explain the arrangement in Par							
		(a)Current year	(b) Pno)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	99,911,124	9	6,737,3	33	90,290,493	88,609,647	90,624,779
b	Contributions	3,882,401		3,681,4	54	1,483,099	1,662,614	6,805,550
c	Net investment earnings, gains, and losses	-1,143,282		4,226,3	74	12,418,331	7,733,049	-785,101
d	Grants or scholarships	2,140,821		1,925,5	21	2,205,533	2,198,652	2,084,302
e	Other expenditures for facilities and programs	4,374,126		2,808,50	56	5,249,007	5,516,165	5,951,279
f	Administrative expenses							
g	End of year balance	96,135,296	g	99,911,1	24	96,737,383	90,290,493	88,609,647
2	Provide the estimated percentage of the	current year end bala	ance (lin	ie 1g, c	olumn	(a)) held as		
а	Board designated or quasi-endowment	2 380 %						
b	Permanent endowment ► 81 860 %							
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	15 760 % should equal 100%						
3а	Are there endowment funds not in the po	ossession of the organ	ıızatıon	that are	e held a	ınd admınıstere	ed for the	Yes No
	(i) unrelated organizations						3	a(i) No
	(ii) related organizations					•	3:	a(ii) No
ь 4	If "Yes" on 3a(II), are the related organi Describe in Part XIII the intended uses							3b
_	rt VI Land, Buildings, and Equi		CHOWIN	CIIC IGII	u 3			
	Complete if the organization		orm 9		rt IV,			
	Description of property			(a) st or oth (investm		(b) Cost or other ba (other)	Accumulated sis (c)depreciation	
1 a	Land					5,079,	782	5,079,782
b	Buildings					130,295,3	80,303,4	83 49,991,896
c	Leasehold improvements							
	Equipment					36,268,:	178 29,998,6	66 6,269,512
е	Other					1,141,0	039	1,141,039
Tota	al. Add lines 1a through 1e (Column (d) mu		t X, colu	mn (B),	line 10			62,482,229

7435				
7435	(a) Description of security or categor(including name of security)	ry	(b) Book value	(c) Method of valuation Cost or end-of-year market valu
	derivatives held equity interests			
(3) 0 ther	ATIVE INVESTMENTS		33,373,282	F
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	MITTE INVESTIGATION		33,373,202	'
Total (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	>	33,373,282	
	Investments—Program Related.			
	Complete if the organization answers (a) Description of investment	ed 'Yes' on Form 99	(b) Book value	Form 990, Part X, line 13.
			, ,	Cost or end-of-year market valu
		scription	Tomi 990, Parciv, inie 1.	(b) Book value
			Tomi 990, Parciv, me 1.	
			Tomi 990, Parciv, inie 1.	
Part IX			Tomi 990, Parciv, inie 1.	
			Tomi 990, raiciv, iiie 1.	
			Tomi 990, raiciv, iiie 1.	
Total. (Colum	(a) Des	e 15)		(b) Book value
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15)		(b) Book value
Total. (Colum Part X	nn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or	e 15)		(b) Book value
Total. (Colum Part X	nn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15)		(b) Book value
Total. (Colum Part X 1.	nn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15)		(b) Book value
Total. (Colum Part X 1. Federal Inco	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15)		(b) Book value
Total. (Colum Part X 1. Federal Inco	(a) Description of liability The taxes The taxes	e 15)		(b) Book value
Total. (Colum Part X 1. Federal Inco	(a) Description of liability The taxes SAND TRUSTS PAYABLE	e 15)		(b) Book value
Total. (Colum Part X 1. Federal Inco	(a) Description of liability The taxes SAND TRUSTS PAYABLE	e 15)		(b) Book value
Total. (Colum Part X 1. Federal Inco	(a) Description of liability The taxes SAND TRUSTS PAYABLE	e 15)		(b) Book value
Total. (Colum Part X 1. Federal Inco	(a) Description of liability The taxes SAND TRUSTS PAYABLE	e 15)		(b) Book value
Total. (Colum Part X 1. Federal Inco	(a) Description of liability The taxes SAND TRUSTS PAYABLE	e 15)		(b) Book value
Total. (Colum Part X 1. Federal Inco	(a) Description of liability The taxes SAND TRUSTS PAYABLE	e 15)		(b) Book value
Total. (Colum Part X 1. Federal Inco ACCOUNTS ANNUITIES FEDERAL G	(a) Description of liability The taxes SAND TRUSTS PAYABLE	e 15)		(b) Book value

	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	75,492,363
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -5,529,831		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	5,770,406
3	Subtract line 2e from line 1	3	69,721,957
1	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	39,876,827
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	109,598,784
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
L	Total expenses and losses per audited financial statements	1	51,996,728
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		5 = 7 = 5 7 . = 5
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	51,996,728
ļ	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 264,789		
_	4a		
b	Other (Describe in Part XIII)		
_	Add lines 4a and 4b	4c	38,498,027
c	Add lines 44 and 45		

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

THE UNIVERSITY'S ENDOWMENT CONSISTS OF VARIOUS INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE GOVERNING BODY TO FUNCTION AS ENDOWMENTS (BOARD-DESIGNATED ENDOWMENT FUNDS) AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA (GAAP), NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING BOARD-DESIGNATED ENDOWMENT FUNDS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE UNIVERSITY HAS A POLICY (THE SPENDING POLICY) OF APPROPRIATING FOR EXPENDITURE EACH YEAR 5 5% OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE THREE YEARS UP TO AND INCLUDING THE YEAR IN WHICH EXPENDITURE IS PLANNED THE POLICY ALLOWS FOR APPROPRIATIONS IN EXCESS OF 5 5% BASED UPON APPROVAL BY THE BOARD OF DIRECTORS IN ESTABLISHING THIS POLICY, THE UNIVERSITY CONSIDERED THE LONG TERM EXPECTED RETURN ON ITS ENDOWMENT ACCORDINGLY, OVER THE LONG-TERM, THE UNIVERSITY EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN ACCEPTABLE LEVEL THIS IS CONSISTENT WITH THE UNIVERSITY'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM, AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN
1

SCHEDULE E

(Form 990 or 990-EZ)

Department of the

Treasury Internal Revenue

Service

OMB No 1545-0047

2015

Open to Public Inspection

Schools

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

Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** THE BOARD OF DIRECTORS OF WITTENBERG COLLEGE 31-0537177 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? 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? Yes 4a 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? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d 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? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? 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 Yes 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Page 2

 Supplemental Information
Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide
any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	WITTENBERG IS COMMITTED TO ENSURING A DIVERSE ENVIRONMENT FOR
	ALL INDIVIDUALS AS SUCH, WE INCORPORATE THIS COMMITMENT ON
	SEARCH MATERIALS, THE WEBSITE, RECRUITMENT PUBLICATIONS, AND
	STUDENT, FACULTY, STAFF HANDBOOKS, AMONG OTHER

SCHEDULE E. PART I. LINE 6

COMMUNICATIONS BOTH INTERNALLY AND EXTERNALLY

WITTENBERG UNIVERSITY ALSO RECEIVES SUPPORT FROM THE STATES OF OHIO AND PENNSYLVANIA FOR CERTAIN PROGRAMS

Schedule E (Form 990 or 990-EZ) (2015)

SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAMS

WITTENBERG UNIVERSITY RECEIVES FINANCIAL ASSISTANCE FROM THE U.S. GOVERNMENT IN CONNECTION WITH THE PELL GRANT AND

efile GRAPHIC print - DO NOT	PROCESS	As Filed Dat	:a -	DLN:	93493132031887
SCHEDULE F Statement of A		Activities C	Outside the Unit	ed States	OMB No 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service ► Information	·	Part IV, line 1 ► Attach to	n answered "Yes" to Form 14b, 15, or 16. o Form 990. nd its instructions is at wi	·	2015 Open to Public Inspection
Name of the organization THE BOARD OF DIRECTORS OF WITTENBERG COLLEGE				31-0537177	tification number
Part I General Information Complete if the organi				14b.	
1 For grantmakers. Does the co and other assistance, the gra- used to award the grants or a	intees' eligibil issistance?	ity for the gran	ts or assistance, and	the selection criteria	□ Yes □√ No
2 For grantmakers. Describe in assistance outside the United	l States				nts and other
3 Activites per Region (The follow	ing Part I, line 3	3 table can be du	iplicated if additional spa	ice is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data			gia,		
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I	0	· -			7,170,208 353,015
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	0	0		No 50082W Sche	7,523,223 dule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

(a) Type of grant or	(b) Region	(c) Number of	(d) A mount of	(e) Manner of cash	(f) A mount of	(a) Description	(h) Method of
assistance	(B) Neglon	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
1) SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	7	202,730	PAID TO UNIVERSITY ON STUDENTS' BEHALF	0		
(2) SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	7	198,000	PAID TO UNIVERSITY ON STUDENTS' BEHALF	0		
(3) SCHOLARSHIPS	NORTH AMERICA	4	95,015	PAID TO UNIVERSITY ON STUDENTS' BEHALF			
4) SCHOLARSHIPS	SOUTH AMERICA	3		PAID TO UNIVERSITY ON STUDENTS' BEHALF	0		
5) SCHOLARSHIPS	SOUTH ASIA	3		PAID TO UNIVERSITY ON STUDENTS' BEHALF	0		
6) SCHOLARSHIPS	SUB-SAHARAN AFRICA	3	,	PAID TO UNIVERSITY ON STUDENTS' BEHALF	0		
7)							
(8)							
(9)							

(4) SCHOLARSHIPS	SOUTH AMERICA	3		PAID TO UNIVERSITY ON STUDENTS' BEHALF	0	
(5) SCHOLARSHIPS	SOUTH ASIA	3		PAID TO UNIVERSITY ON STUDENTS' BEHALF	0	
(6) SCHOLARSHIPS	SUB-SAHARAN AFRICA	3	83,000	PAID TO UNIVERSITY ON STUDENTS' BEHALF	0	
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						

(18)

8621)

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 Yes

Yes

Nο

▽ (see Instructions for Form 8865) 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, do not file with Form 990) Yes Νo

Additional Data

Software ID: Software Version:

EIN: 31-0537177

Name: THE BOARD OF DIRECTORS OF

WITTENBERG COLLEGE

Schedule F (Form 990) 2015

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

offin 550 Schedule i Fait 1 - Activities outside The officed States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region					
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		6,483,675					
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION	195,334					
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATION	31,650					

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) CENTRAL AMERICA AND PROGRAM SERVICES **IEDUCATION** 30,882 THE CARIBBEAN **FAST ASIA AND THE** PROGRAM SERVICES **IEDUCATION** 12.167 PACIFIC NORTH AMERICA PROGRAM SERVICES **IEDUCATION** 15,770

(a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (f) Total expenditures offices in the employees or in region (by type) (i.e., (d) is a program for region fundraising, program service, describe region agents in services, grants to specific type of service region recipients located in the (s) in region region) **FAST ASIA AND THE** SCHOLARSHIPS EDUCATION 202,730 PACIFIC - AUSTRALIA. BRUNEI, BURMA, CAMBODIA. **EUROPE (INCLUDING** SCHOLARSHIPS leducation. 198.000 ICELAND & GREENLAND) -ALBANIA, ANDORRA, AUSTRIA, BELGIUM NORTH AMERICA -SCHOLARSHIPS EDUCATION 95,015 CANADA AND MEXICO. BUT NOT THE UNITED

Form 990 Schedule F Part I - Activities Outside The United States

STATES

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) SOUTH AMERICA -SCHOLARSHIPS EDUCATION 90,000 ARGENTINA, BOLIVIA. BRAZIL, CHILE, COLUMBIA, ECUADOR. SOUTH ASIA -SCHOLARSHIPS leducation. 85.000 AFGHANISTAN. BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL, SUB-SAHARAN AFRICA -SCHOLARSHIPS EDUCATION 83,000 ANGOLA, BENIN,

Form 990 Schedule F Part I - Activities Outside The United States

BOTSWANA, BURKINA

FASO,

DLN: 93493132031887

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Inspection

Inspection

Department of the Treasury Internal Revenue Service

Total

registration or licensing

Name of the organization THE BOARD OF DIRECTORS OF WITTENBERG COLLEGE Employer identification number 31-0537177

Ρē	_	ctivities. Complete ers are not required		_		on Form 990, Part IV	, line 17.			
1	Indicate whether the orga	anızatıon raısed funds	through	any of the	e following activities Ch	neck all that apply				
а	Mail solicitations			e	e Solicitation of non-government grants					
b	▼ Internet and email so	olicitations		f	f Solicitation of government grants					
c	Phone solicitations			g	g Special fundraising events					
d	☐ In-person solicitatio	ns								
2a	Did the organization have or key employees listed i services?						es 「No			
b	If "Yes," list the ten high to be compensated at lea				sers) pursuant to agreer	ments under which the fu	ındrais er is			
((i) Name and address of Individual or entity (fundraiser)	ındıvıdual		Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization			
			Yes	No						
1	ROYALL & COMPANY 1920 E PARHAM RD	STRATEGIC DEVELOPMENT AND DELIVERY OF SOLICITATIONS		No	0	107,845	C			
2	RICHMOND, VA 23228									
_										
3										
4										
5										
6										
7										
8										
9										
10										

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

107,845

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	receipts greater than \$5,000	. (a)Event #1	(b) Event #2	(c)O ther events	(d)
		GOLF OUTING (event type)	WOMEN'S SOCCER OUTING (event type)	(total number)	Total events (add col (a) through col (c))
Reversie	1 Gross receipts	24,540		·	
	2 Less Contributions	12,205		16,055 11,570	
	4 Cash prizes	1 262	200	550	
Se.	6 Rent/facility costs	1,363 4,210		3,400	1,563 9,914
Expenses	7 Food and beverages				
Direct E	9 Other direct expenses	3,364		3,170	
۵	10 Direct expense summary Add lines 4 11 Net income summary Subtract line 1	-		. 	19,064 13,291
Pai	Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
Direct	4 Rent/facility costs				
		│ Yes%	☐ Yes%	│ Yes%	
	6 Volunteer labor	<u> </u>	'	.	
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organizal		•		─Yes
b	If "No," explain				
L0a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the
Treasury | Information about Schedule

Internal Revenue Service

Name of the organization

THE BOARD OF DIRECTORS OF

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

Employer identification number

DLN: 93493132031887

Open to Public Inspection

WITTENBERG COLLEGE	TENBERG COLLEGE									
Part I General Informati	ion on Grants an	d Assistance				·				
Does the organization maintai the selection criteria used to a Describe in Part IV the organi	award the grants or a	ssistance?				stance, and	√ Yes No			
Part II Grants and Other Assis that received more than				plete if the organization	answered "Yes" on F	Form 990, Part IV, line 2:	1, for any recipient			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
2 Enter total number of section3 Enter total number of other org		=								
For Paperwork Reduction Act Notice, s			· ·	Cat No 50055P			le I (Form 990) 2015			

Schedule I (Form 990) 2015

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated 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
INSTITUTIONAL SCHOLARSHIPS & _(1) A WARDS	1778	33,574,011			
(2) ENDOWED & OTHER SCHOLARSHIPS	504	3,296,729			
Part IV Supplemental Informa	ition. Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.
Between Beforence					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										
Return Reference	Explanation	Explanation								
PART I, LINE 2	GUIDELINES TO FINANCIAL AID EXTRACURRIC AND STATE RE THEY FOLLOW ASSISTANCE TO	O MONITOR THE D AWARD AS ASSI ULAR ACTIVITIES GULATIONS AND ALL APPLICABLE TO STUDENTS BAS	USE OF GRANT FUNDS SISTANCE FOR STUDEN S IN DOING SO, THE U D IS SUBJECT TO THE C GUIDELINES THE FIN SED ON REVIEW OF SE	S WITTENBERG UNIVER NTS BASED ON A CASE JNIVERSITY'S FINANC COMPLIANCE AND INTE IANCIAL AID OFFICE A ELECT DATA AND ACCO	RSITY ONLY AWARDS INSTI -BY-CASE BASIS, BASED ON IAL AID DEPARTMENT ADHE ERNAL CONTROL REQUIREM WARDS GRANTS AND OTHE DRDING TO A SPECIFIED ME	ERES STRICTLY TO ALL FEDERAL MENTS OF OMB-A133, IN WHICH				

Schedule J (Form 990)

Department of the

DLN: 93493132031887 OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Treasi	al Revenue Service				Insp	ectio	n
	ne of the organization			Employer identificati	on nur	nber	
	BOARD OF DIRECTORS OF FENBERG COLLEGE			24 0527477			
	t I Questions Regarding Compensation			31-0537177			
	Questions Regulating compensation					Yes	No
1a	Check the appropriate box(es) if the organization provide	ded an	ny of the following to or for a person	listed on Form		103	140
	990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	✓	Housing allowance or residence fo	r personal use			
	Travel for companions	\vdash	Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments	✓	Health or social club dues or initia	tion fees			
	Discretionary spending account	✓	Personal services (e g , maid, cha	uffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses described by the control of the expenses described by the control of the expenses described by the control of the control of the expenses described by the control of the				1 b	Yes	
2	Did the organization require substantiation prior to rein		· · · · · · · · · · · · · · · · · · ·				
	directors, trustees, officers, including the CEO/Execut	ive D	rector, regarding the items checked	in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensati	apply	Do not check any boxes for metho	ds			
	✓ Compensation committee		Written employment contract			<u> </u>	
	Independent compensation consultant	✓	Compensation survey or study			ļ ļ	ļ
	▼ Form 990 of other organizations	✓	Approval by the board or compens	ation committee		ļ	ļ
4	During the year, did any person listed on Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pa	ymeni	t?		4a	Yes	
b	Participate in, or receive payment from, a supplementa	al nond	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-base	ed cor	mpensation arrangement?		4c		No
	If "Yes" to any of lines $4a-c$, list the persons and provi	ide th	e applicable amounts for each item	ın Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization For persons listed on Form 990, Part VII, Section A, licompensation contingent on the revenues of		·	any			
а	The organization?				5a		No
b	Any related organization?				5b		No
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ine 1a	, did the organization pay or accrue	any			
а	The organization?				6 a		No
b	Any related organization?				6b		No
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lipayments not described in lines 5 and 6? If "Yes," des			on-fixed	7		No
8	Were any amounts reported on Form 990, Part VII, part subject to the initial contract exception described in R in Part III		·		8		No
9	If "Yes" on line 8, did the organization also follow the r	ebutta	able presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	1 , ,		` ' '	
		Base (1) compensation	(II) Bonus & incentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 DR LAURIE JOYNER PRESIDENT (TO 11/7/15)	(i)	317,205	0	104,944	0	41,355	463,504	0	
	(ii)	0	0	0	0	0	0	0	

2 RANDAL J FREEBOURN VP FINANCE (i) 152,394 0 520 0 3,770 156,684 0 0 0 0 0 0 0 0 0 0

Schedule J (Form 990) 2015

THE CLUB MEMBERSHIP (VALUED AT \$650 ANNUALLY) IS INCLUDED IN HER TAXABLE COMPENSATION THE PERSONAL USE OF A RESIDENCE IS NOT INCLUDED IN TAXABLE COMPENSATION AND IS REPORTED THIS YEAR IN COLUMN D AS A NONTAXABLE BENEFIT THE RESIDENCE IS FURNISHED FOR THE CONVENIENCE OF WITTENBERG UNIVERSITY AND IS AVAILABLE FOR USE TO HOST FACULTY, STAFF, AND STUDENT FUNCTIONS THE PRESIDENT IS REQUIRED TO LIVE IN THE RESIDENCE AS A CONDITION OF EMPLOYMENT AND THE RESIDENCE IS CONTIGUOUS TO WITTENBERG'S CAMPUS THE ANNUAL VALUE OF THE RESIDENCE IS \$18,000 AND THE VALUE OF UTILITIES, HOUSEKEEPING, SUPPLIES, AND OTHER HOME EXPENSES IS \$12.675, WHICH IS ALSO REPORTED THIS YEAR IN COLUMN D AS A NONTAXABLE BENEFIT DR. RICHARD HELTON WAS HIRED IN JANUARY 2016. HE RECEIVES PERSONAL USE OF A RESIDENCE, CAR. IN COLUMN DAS A NONTAXABLE BENEFIT THE RESIDENCE IS AVAILABLE FOR USE TO HOST FACULTY, STAFF, AND STUDENT FUNCTIONS THE PRESIDENT IS REQUIRED TO LIVE IN THE RESIDENCE AS A CONDITION OF EMPLOYMENT AND THE RESIDENCE IS CONTIGUOUS TO WITTENBERG'S CAMPUS

ALLOWANCE AND A CLUB MEMBERSHIP THE CLUB MEMBERSHIP (VALUED AT \$650 ANNUALLY) AND CAR ALLOWANCE (VALUED AT \$12,000 ANNUALLY) WILL BE INCLUDED IN HIS TAXABLE COMPENSATION REPORTABLE ON THE 2016 FORM 990 THE PERSONAL USE OF A RESIDENCE WILL NOT BE INCLUDED IN 2016 TAXABLE COMPENSATION BUT WILL BE REPORTED IN COLUMN DIAS A NONTAXABLE BENEFIT ITHE RESIDENCE IS FURNISHED FOR THE CONVENIENCE OF WITTENBERG UNIVERSITY AND THE ANNUAL VALUE OF THE RESIDENCE IS \$18,000 THE VALUE OF UTILITIES, HOUSEKEEPING, SUPPLIES, AND OTHER HOME EXPENSES IS \$13,000, WHICH WILL ALSO BE REPORTED

Explanation

Page **3**

Schedule J (Form 990) 2015

PART I, LINE 4A

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

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 Part VI.

▶ Attach to Form 990. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. DLN: 93493132031887 OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

(Form 990)

Name of the organization

THE BOARD OF DIRECTORS OF WITTENBERG COLLEGE

Employer identification number

31-0537177 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSID # (d) Date issued (e) Issue price (a) Defeased (b) On

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice	e (f) Description of purpose		(g) De	beh		nalf of finances		Pool ncing	
										Yes	No	Yes	No	Yes	No
	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756BPC8	05-05-2005	11,367	1,367,477 CONSTRUCTI- RESIDENCE H					Х	X			X
Pai	t III Proceeds	ı	L												
	A mount of bondo votivo d				,	4		ı	3		С			D	
	A mount of bonds retired														
2	Amount of bonds legally defeas	sed													
3	Total proceeds of issue				11,369,328										
4	Gross proceeds in reserve funds					817	7,851								
5	Capitalized interest from proceeds					017	,,031								
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds					125	5,087								
8	Credit enhancement from proce														
9	Working capital expenditures fr	rom proceeds				86	5,740								
10	Capital expenditures from proc	eeds				10,339	9,650								-
11	Other spent proceeds														
12	Other unspent proceeds			•											
13	Year of substantial completion				20	06									
					Yes	N-	o	Yes	No	Yes		No	Yes	;	No
14	Were the bonds issued as part	of a current refundi	ngıssue?	•		X	(
15	Were the bonds issued as part	of an advance refur	nding issue?			×	(
16	Has the final allocation of proc	eeds been made? .			Х										
17	Does the organization maintain allocation of proceeds?	·		ort the final	х										
	<u> </u>														
Par	Private Business Us	se						E			С	Т		D	

Par	t III Private Business Use			•		•		•	
			4		В		С	I)
		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?		×						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		х						

						В		С		<u> </u>
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private but of bond-financed property?			×						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or o counsel to review any management or service contracts relating to the financial.									
prope	·	- 6 h - n -d						+		
С	Are there any research agreements that may result in private business use of financed property?	or bond-		×						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or o counsel to review any research agreements relating to the financed property									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government.			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 %						
6	Total of lines 4 and 5			0 %						
7	Does the bond issue meet the private security or payment test?		Х							
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?			×						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or di	sposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations so 1 141-12 and 1 145-2?	ections								
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements unde Regulations sections 1 141-12 and 1 145-2?		Х							
Par	t IV Arbitrage								•	
		A			В		С		D	
	-	Yes	No	Yes	No	Ye		No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х	1.00	110					
2	If "No" to line 1, did the following apply?				I		<u> </u>		<u> </u>	
	Rebate not due yet?		Х		1					
	Exception to rebate?		X							
c	No rebate due?	Х								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				l		L			
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider				•		'		'	
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
				•						

Page 3

period?								
Has the organization established written procedures to monitor the requirements of section 148?	x							
Part V Procedures To Undertake Corrective Action								
	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closure agreement program if	X							

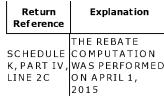
and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). Return Reference

Explanation

SCHEDULE K, PART II, LINE TOTAL PROCEEDS ON LINE 3 ARE NOT IDENTICAL TO THE ISSUE PRICE LISTED IN PART I DUE TO

INVESTMENT EARNINGS

Schedule K (Form 990) 2015



SCHEDULE M

DLN: 93493132031887

2015

Open to Public

OMB No 1545-0047

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Internal Revenue Service

(Form 990)

Department of the

Treasury

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Inspection

	ne of the organization BOARD OF DIRECTORS OF				Employer identification number
	FENBERG COLLEGE				31-0537177
P	art I Types of Property				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures .				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded .	X	12	251,153	3 FMV
10	Securities—Closely held stock .			,	
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential .	Х	1	80,000	APPRAISAL
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies .				
	Taxidermy				
	Historical artifacts				
23	Scientific specimens				
25	Archeological artifacts Other ► (LF OUTING SILENT	Х	21	8,276	6 COST
	CTION ITEMS)				
ОΤ	Other►(HER SCELLANEOUS MS)	X	17	1,874	4 COST
27	Other►(Х	1	1,800	COST
28	Other ▶ ()				
29	Number of Forms 8283 received for which the organization comple				29
20.	During the year did the organize	ation roco	a by contribution any prope	arty reported in Bart I. Lines	Yes No
308	During the year, did the organiza				- '
	it must hold for at least three ye			ition, and which is not requ	ired to be used
	for exempt purposes for the enti				30a No
ı	• If "Yes," describe the arrangem	ent in Part 1	II		
31	Does the organization have a gi	ft acceptan	ce policy that requires the	review of any non-standard	d contributions? 31 Yes

b If "Yes," describe in Part II

describe in Part II

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

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

32a

Yes

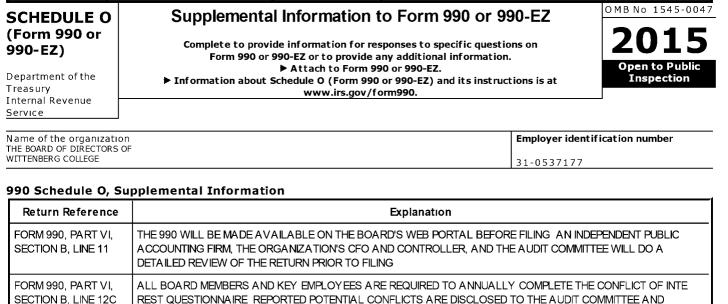
Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

PART I. LINE 32B THE ORGANIZATION USES SECURITY TRUST TO SELL STOCK GIFTS ALSO, THE ORGANIZATION ENGAGES WITH ROYALL TO DEVELOP AND MAIL PROMOTIONAL

SOLICITATIONS, HOWEVER, ROYALL DOES NOT SOLICIT ON BEHALF OF THE lorganization



DISCUSSED IF A CONFLICT IS FOUND, THE MEMBER WITH THE CONFLICT ABSTAINS FROM VOTING ON TH

DLN: 93493132031887

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

E RELATED ISSUE

990 Schedule O, Supplemental Information

Return

Reference

VI, SECTION C, LINE 19

FORM 990, PART	PRESIDENT, OFFICER, & KEY EMPLOYEE COMPENSATION IS REVIEWED USING COMPENSATION SURVEYS AND
/I, SECTION B,	COMPENSATION DATA FROM PEER INSTITUTIONS THE REVIEWS WERE LAST CONDUCTED IN 2016 THE EXECUTIVE
LINE 15	COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED THE PRESIDENT'S COMPENSATION IN 2016 WHEN DR HELTON
	WAS HIRED, AND THE PRESIDENT REVIEWED OFFICER AND KEY EMPLOYEE COMPENSATION IN 2016 AND AS NEW
	EMPLOYEES JOINED THE ORGANIZATION THE BOARD ANNUALLY REVIEWS THE PRESIDENT'S PERFORMANCE IN CLOSED
	SESSION

FORM 990. PART | THE ORGANIZATION DOES NOT MAKE DOCUMENTS AVAILABLE TO THE PUBLIC

Explanation

990 Schedule O, Supplemental Information

Return

Reference	·
FORM 990,	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 66,425 ASSET RETIREMENT OBLIGATION -739,828 TERMINATION OF
PART XI, LINE 9	POSTRETIREMENT BENEFIT OBLIGATION 11,344,780 DEFINED-BENEFIT PLAN NET GAIN ARISING DURING THE PERIOD 1.608.067 AMORTIZATION OF PRIOR SERVICE CREDIT -370.454 PARTNERSHIP INCOME FROM K-1S NOT INCLUDED ON
	FINANCIAL STATEMENTS -2,252,342

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE R

DLN: 93493132031887

(d)

Related Organizations and Unrelated Partnerships

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

(b)

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Employer identification number

(f)

31-0537177

(e)

Department of the Treasury
Internal Revenue Service
Name of the organization

THE BOARD OF DIRECTORS OF WITTENBERG COLLEGE

(Form 990)

Part I

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

(c)

Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	irtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	al or	(k) Percentage ownership
				314)			Yes	No	1	Yes	No	
									1			
<u></u>									1			
Part IV Identification of Related Organizations Taxable a	s a Corpor	ation	or Trust C	omplete if the	e organiza	ition ansv	vered	"Yes"	on Form 9	90 P	art I	V line

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

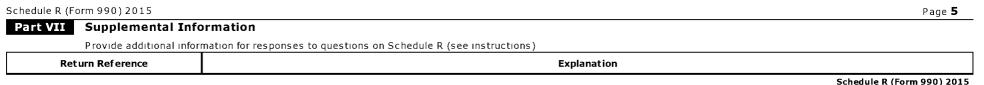
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	n 512 13) olled
								Yes	No
(1)1929 FIELDHOUSE LLC 250 BILL EDWARDS DRIVE SPRINGFIELD, OH 45501 47-4525153	CONSTRUCTION OF HEALTH, WELINESS, & ATHLETICS FACILITY	ОН	N/A	С			100 000 %		No
CHARITABLE REMAINDER (2)TRUST (1)	TRUST	AZ	N/A	Т					No
CHARITABLE REMAINDER (3)TRUST (1)	TRUST	СТ	N/A	Т					No
CHARITABLE REMAINDER (4)TRUSTS (2)	TRUST	IN	N/A	Т					No
CHARITABLE REMAINDER (5)TRUST (1)	TRUST	NY	N/A	Т					No
CHARITABLE REMAINDER (6)TRUSTS (4)	TRUST	ОН	N/A	Т					No
CHARITABLE REMAINDER (7)TRUSTS (2)	TRUST	OR	N/A	Т					No
							Schedule R (Fo	rm 990)	<u> </u>

chedule k (Form 990) 2015					Рад	ge 3	
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
1 During the tax year, did the orgranization engage in any of the following transactions with one or more i	related organizations li	sted in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No	
b Gift, grant, or capital contribution to related organization(s)				1 b		No	
c Gift, grant, or capital contribution from related organization(s)				1 c		No	
d Loans or loan guarantees to or for related organization(s)				1 d		No	
e Loans or loan guarantees by related organization(s)				1e		No	
f Dividends from related organization(s)				1f		No	
g Sale of assets to related organization(s)				1 g		No	
h Purchase of assets from related organization(s)				1h		No	
i Exchange of assets with related organization(s)				1i		No	
j Lease of facilities, equipment, or other assets to related organization(s)							
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No	
I Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No	
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No	
o Sharing of paid employees with related organization(s)				10		No	
p Reimbursement paid to related organization(s) for expenses				1 p		No	
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses				1 q		No	
r Other transfer of cash or property to related organization(s)				1r		No	
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				1 s		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet				S			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ai	mount II	nvolved		

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

Name, actives, and FIN of entity Capt Capt	revenue) that was not a related organization. See instructions i													
	(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(related, unrelated, excluded from tax under sections 512-	org	01(c)(3) anizations?	total	end-of-year			Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?		(k) Percentage ownership
	9			314)	Yes	No			Yes	No		Yes	No	
													1 I	
														_
														_
														_



Software ID: Software Version:

EIN: 31-0537177

Name: THE BOARD OF DIRECTORS OF

WITTENBERG COLLEGE

Form 990, Schedule R, Part IV	- Identification of	Related Organizat	ions Taxable as	s a Corporation or Trust
•	1	,	1	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
(1) 1929 FIELDHOUSE LLC 250 BILL EDWARDS DRIVE SPRINGFIELD, OH 45501 47-4525153	CONSTRUCTION OF HEALTH, WELLNESS, & ATHLETICS FACILITY	ОН	N/A	С			100 000 %	Yes	No No
(1) CHARITABLE REMAINDER TRUST (1)	TRUST	AZ	N/A	T					No
(2) CHARITABLE REMAINDER TRUST (1)	TRUST	СТ	N/A	Т					No
(3) CHARITABLE REMAINDER TRUSTS (2)	TRUST	IN	N/A	T					No
(4) CHARITABLE REMAINDER TRUST (1)	TRUST	NY	N/A	Т					No
(5) CHARITABLE REMAINDER TRUSTS (4)	TRUST	ОН	N/A	Т					No
(6) CHARITABLE REMAINDER TRUSTS (2)	TRUST	O R	N/A	Т					No