DLN: 93493160014240 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable OBERLIN CÖLLEGE ☐ Address change 34-0714363 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 173 W LORAIN ST CONTROLLERS OFFICE ☐ Amended return ☐ Application pending (440) 775-8460 City or town, state or province, country, and ZIP or foreign postal code OBERLIN, OH  $\,$  44074  $\,$ G Gross receipts \$ 326,391,691 Name and address of principal officer H(a) Is this a group return for REBECCA VAZQUEZ-SKILLINGS □Yes **☑**No subordinates? 70 N PROFESSOR ST H(b) Are all subordinates OBERLIN, OH 44074 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (Insert no ) ☐ 527 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ WWW OBERLIN EDU Website: ▶ L Year of formation 1834  ${f M}$  State of legal domicile K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities OBERLIN COLLEGE AND CONSERVATORY EDUCATE STUDENTS FOR LIVES OF INTELLECTUAL, MUSICAL AND ARTISTIC RIGOR AND BREADTH, SUSTAINED INQUIRY, CREATIVITY AND INNOVATION, AND LEADERSHIP OBERLIN AIMS TO PREPARE GRADUATES WITH THE KNOWLEDGE, SKILLS, AND PERSPECTIVES ESSENTIAL TO CONFRONT COMPLEX ISSUES AND TO CREATE CHANGE AND VALUE IN THE Activities & Governance WORLD Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 30 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 3,780 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 1,950 Total number of volunteers (estimate if necessary) . . . . Total unrelated business revenue from Part VIII, column (C), line 12 -1,368,079 b Net unrelated business taxable income from Form 990-T, line 34 7b -2,426,008 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 23,752,343 23,083,097 Ravenue 198,797,619 Program service revenue (Part VIII, line 2g) . 192,834,785 54,800,299 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 65.905.599 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 48,546 42,503 271,435,973 287,828,818 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 66,098,088 71,424,440 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 101,843,102 97,973,211 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶6,531,336 82,665,155 90,617,094 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 250,606,345 260,014,745 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 20,829,628 27,814,073 Assets or d Balances Beginning of Current Year End of Year 1,412,767,578 20 Total assets (Part X, line 16) . 1,384,458,402 21 Total liabilities (Part X, line 26) . 284,820,971 313,613,270 Net assets or fund balances Subtract line 21 from line 20 . 1,099,637,431 1,099,154,308 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-06-08 Signature of officer Date Sign Here REBECCA VAZQUEZ-SKILLINGS VP FOR FINANCE & ADMIN
Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01247672 Paid self-employed RSM US LLP Firm's EIN > 42-0714325 Firm's name Preparer **Use Only** Firm's address ▶ 1 S WACKER DRIVE STE 800 Phone no (312) 634-3400 CHICAGO, IL 60606 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	t III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the o	organization's mission				
SEE S	SCHEDULE O					
2	Did the organization	undertake any signific	ant program ser	vices during the year wh	uch were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or r	nake significant	changes in how it condu	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	ıle O			
4	Section 501(c)(3) an		ons are required	I to report the amount of	argest program services, as meas f grants and allocations to others,	
4a	(Code	) (Expenses \$	236,512,434	including grants of \$	71,424,440 ) (Revenue \$	198,797,619 }
	See Additional Data					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	-					
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4d	Other program servi	ces (Describe in Sched	lule O )			
	(Expenses \$	ınc	luding grants of	\$	) (Revenue \$	)
4e	Total program serv	vice expenses ▶	236,512,4	34		
4e	Total program ser	vice expenses >	236,512,4	-34		Form

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 No 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? 5 No 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Yes R 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 Yes 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . . 14a Yes **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Yes valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . 💆 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Yes 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a 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 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

	990 (2016)  Charlist of Barrised Schadular (continued)			Page (
Pai	Checklist of Required Schedules (continued)	1	Yes	N.a
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	No
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 and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
:6	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28</b> c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• ;		Ш
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   899		Yes	No

**b** Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

orm	990 (2018)							Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	dule O	See ınst	ructions				lines 🔽
Se	ction 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	1a			31			
	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			30			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			with any	other	2		No
3	Did the organization delegate control over management duties customarily performed b of officers, directors or trustees, or key employees to a management company or other			dırect su <sub>l</sub>	pervision	3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990	) was file	d۶.	4	1	No
5	Did the organization become aware during the year of a significant diversion of the organization	anızatıo	n's asset	:s? .		5		No
6	Did the organization have members or stockholders?					6	1	No
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?				or more	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?				s, or	<b>7</b> b		No
							$\overline{}$	

-				
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?	<b>7</b> b		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	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
Ь	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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	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	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	,
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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	Yes	
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶  OH			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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			

only) available for public inspection. Indicate how you made these available. Check all that apply  $\square$  Own website  $\square$  Another's website  $\square$  Upon request  $\square$  Other (explain in Schedule O) 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 19

State the name, address, and telephone number of the person who possesses the organization's books and records ▶REBECCA VAZQUEZ-SKILLINGS 70 N PROFESSOR ST OBERLIN, OH 44074 (440) 775-8460 20 Form **990** (2018)

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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

Page 8

Part VII Section A. Officers, Dire	sciors, irustees	, key	⊏mpi	ioye	:es,	, and I	nigr	Test Compensate	eu empioyees (	CONT	mueu)	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, u an off	ot che unle: fficer	neck mo ess pers er and a tee)	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (\)	N-	Estima amount of compen from	ated of other sation the
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC		organızat relat organız	ed
See Additional Data Table		├──	$\vdash$	$\vdash$	$\vdash$	┼-	$\vdash$			+		
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1b Sub-Total						<b>▶</b>		<del></del>				
d Total (add lines 1b and 1c)	•					▶		4,155,991		0		901,241
Total number of individuals (includi of reportable compensation from the			se listo	ed a	bov	e) who	) rec	eived more than \$1	.00,000			
3 Did the organization list any <b>forme</b> line 1a? <i>If "Yes," complete Schedul</i>			tee, k			oyee,	or hı	ghest compensated	l employee on	3	<b>Yes</b> Yes	No
For any individual listed on line 1a, organization and related organization individual	ions greater than \$								m the			
5 Did any person listed on line 1a rec		mnensa	ition f	rom	anv	/ unrel:	· ated	organization or ind	undual for	4	Yes	
services rendered to the organization										5		No
Section B. Independent Contra	ctors			_	_		_					
Complete this table for your five his from the organization Report comp										npens	sation	
<u> </u>	(A)		y cu.		11119	VVICITO	1 9710		(B)		(0	
Nam 1AROUS BROTHERS COMPANY	ne and business addre	955						Desc CONSTRUCT	ription of services TION		Comper 18	sation ,527,563
.702 JOSEPH LLOYD PARKWAY												,
VILLOUGHBY, OH 44094 PANZICA CONSTRUCTION CO					_			CONSTRUC	TION		6	,234,563
739 BETA DRIVE												,,
MAYFIELD HEIGHTS, OH 44143 BON APPETIT MGMT CO								FOOD SERV	TCEC			,184,755
ON APPETT MIGMIT CO								FOOD SERV	ICES		U	,104,/33
PALO ALTO, CA 94301												
ALBERT M HIGLEY CO								CONSTRUC	TION		1	,552,848
2926 CHESTER AVE CLEVELAND, OH 44114												
AFT STETTINIUS HOLLISTER LLP								ATTORNEY			1	,415,806
1200 PUBLIC SQ SUITE 3500												

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 42

 ${f c}$  Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a d All other revenue . e Total. Add lines 11a-11d 12 Total revenue. See Instructions . . • 287,828,818 198.181.726 -1.368.079 67.932.074 Form 990 (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			$\square$
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	152,998	152,998	<u> </u>	
2 Grants and other assistance to domestic individuals See Part IV, line 22	68,424,161	68,424,161		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	2,847,281	2,847,281		
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,383,148	1,129,238	1,891,955	361,955
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	68,557,796	63,472,297	2,148,349	2,937,150
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,555,811	6,010,304	281,234	264,273
9 Other employee benefits	14,141,141	12,756,956	651,502	732,683
<b>10</b> Payroll taxes	5,335,315	4,913,928	212,621	208,766
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	981,641		981,641	
c Accounting	120,600		120,600	
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	2,194,551		2,194,551	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	10,551,643	9,678,058	617,852	255,733
14 Information technology	1,502,777	1,502,777		
15 Royalties				
<b>16</b> Occupancy	13,544,421	13,544,421		
<b>17</b> Travel	3,211,537	2,407,810	456,681	347,046
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
<b>20</b> Interest	6,279,511	6,279,511		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,346,272	21,346,272		
23 Insurance				
24 Other expenses Itemize expenses not covered above (List				

5,690,257

5,324,586

3,168,388

1,939,233

14,761,677

260,014,745

3,248,958

5,324,586

3,168,388

10,304,490

236,512,434

1,620,106

1,939,233

3,854,650

16,970,975

821,193

602,537

6,531,336

Form 990 (2018)

miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 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)

expenses on Schedule O )

**b** STUDY AWAY PROGRAMS

c INSTRUCTION EXPENSE

e All other expenses

d ANNUITY & RLIF PAYMENTS

a FACILITIES EXPENSE

Page **11** 

175,032,961

11,387,933

21,020,000

14.874.835

313.613.270

226.721.752

548,847,286

323.585.270

1,099,154,308

1,412,767,578

Form **990** (2018)

Form 990 (2018)

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Liabilities 22

Assets or Fund Balances

Net

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

		Check if Schedule O contains a response or not	e to any l	ine in this Part IX			🗆
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			8,382,887	1	7,161,109
	2	Savings and temporary cash investments .		[	83,817,512	2	77,974,598
	3	Pledges and grants receivable, net			22,195,095	3	9,826,782
	4	Accounts receivable, net		[	2,209,647	4	4,708,554
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	oyees Complete		5		
ts	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	ns (as defined under (3)(B), and ection 501(c)(9) uctions) Complete	40 604 500	6	44.040.676	
ssets	7	Notes and loans receivable, net		-	18,681,588	7	14,048,676
As	8	Inventories for sale or use		441,163	8	265,157	
•	9	Prepaid expenses and deferred charges			2,465,332	9	1,772,547
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	777,245,466			
	b	Less accumulated depreciation	10b	412,219,059	356,845,375	<b>10</b> c	365,026,407
	11	Investments—publicly traded securities .			562,247,948	11	585,987,817
	12	Investments—other securities See Part IV, line	11		315,497,177	12	336,221,777
	13	Investments—program-related See Part IV, line	e 11 .		11,674,678	13	9,774,154
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		[		15	
	16	Total assets.Add lines 1 through 15 (must equ	ial line 34	)	1,384,458,402	16	1,412,767,578
	17	Accounts payable and accrued expenses			57,649,971	17	90,837,482
	18	Grants payable				18	
	19	Deferred revenue			964.808	19	460.059

183,952,930

10,372,151

16,740,000

15,141,111

284.820.971

318.029.349

466,345,291

315.262.791

1,099,637,431

1,384,458,402

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

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

Audit Act and OMB Circular A-133?

3a

3b

Yes

Yes Form 990 (2018)

### Additional Data

Software ID:

Software Version:

Name: OBERLIN COLLEGE

**EIN:** 34-0714363

Form 990 (2018)

Form 990, Part III, Line 4a:

OBERLIN COLLEGE IS A LIBERAL ARTS INSTITUTION MADE UP OF THE COLLEGE OF ARTS & SCIENCES AND THE CONSERVATORY OF MUSIC. THE COLLEGE SERVED 2.775 FULL-TIME EQUIVALENT UNDERGRADUATE STUDENTS, AWARDING SCHOLARSHIPS TO 2.391 OF THEM THE AVERAGE STUDENT RECEIVED \$29,238 IN FINANCIAL AID THE

COLLEGE IS ESSENTIALLY RESIDENTIAL THE BALANCE OF THE STUDENT BODY IS HOUSED IN PRIVATE OFF-CAMPUS HOUSING WITHIN THE CITY OF OBERLIN, OHIO

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

	any hours				ustee)		organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ALIYAH ABU-HAZEEM	2 00								
TRUSTEE	0 00	×					0	0	0
CHARLES S BIRENBAUM TRUSTEE	2 00	×					0	0	0
	0 00 2 00								
RICHARD T BRANDT	2 00	X					0	0	0
TRUSTEE	0 00								-
BRIAN CABRAL	2 00	Х					0	0	0
TRUSTEE	0 00							•	
T CHRISTORHER CANAVAN	16 00								

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TRUSTEE	0 00
BRIAN CABRAL	2 00
TRUSTEE	0 00
T CHRISTOPHER CANAVAN	16 00
TRUSTEE/CHAIR	0 00

ANNE CHEGE

TRUSTEE

AMY CHEN

TRUSTEE

TRUSTEE

GIFTY DOMINAH

...... TRUSTEE

MOTOKO T DEANE

STEVE J DOLCEMASCHIO

TRUSTEE (UNTIL 9/15/2018)

......

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

TRUSTEE

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

EDWARD P HELMS

CYNTHIA HOGAN

TRUSTEE (UNTIL 9/7/2018)

CHARLENE DREW JARVIS

MICHAEL E KAMARCK

ERIC R KATZMAN

......

	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
FRANCISCO X DOMINGUEZ	2 00	×						0	0	0
TRUSTEE	0 00									
LILLIE JOHNSON EDWARDS	4 00	×						0	0	n
TRUSTEE	0 00	l							3	
KEVIN FLANIGAN	2 00	×					ĺ	0	0	0
TRUSTEE	0 00	l ''							0	
	2 00	l	l	I	I	1 I				

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1103122	0 00					
KEVIN FLANIGAN	2 00					
		l x			0	
TRUSTEE	0 00					
SEAN P GAVIN	2 00					
		×			0	
TRUSTEE	0 00					
JACOB A GAYLE	2 00					

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

TRUSTEE

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TRUSTEE

TRUSTEE

LISA WALLER

JAY WHITACRE

PATRICIA SHANKS

DAVID SHIPLEY

TRUSTEE

LEANNE WAGNER

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DAVID KRISCHER TRUSTEE	8 00	×						0	0	0
CHESLEY MADDOX-DORSEY TRUSTEE	8 00	Х						0	0	0
EMILY MCCLINTOCK TRUSTEE	2 00	×						0	0	0

	0 00						
EMILY MCCLINTOCK	2 00	V			0	0	
TRUSTEE	0 00	^			J	O	
MINSOK PAK	2 00	.,				0	
TRUSTEE	0 00	*			ď	U	
MOLLY RAPHAEL	2 00				_		

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

(W-2/1099-

517,345

257,765

241,749

221,479

161,079

122,961

(W- 2/1099-

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54,882

47,476

51.695

64,251

29,265

6,693

organization and

for related

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

	organizations below dotted line)	ndividual trustee ridirector	Institutional Trustee		ey employee	lighest compensated miplovee	omer	MISC)	MISC)	related organizations
ALAN WURTZEL	4 00	X						0	0	0
TRUSTEE	0 00									
GEORGIA YUAN	4 00	×						0	C	0
TRUSTEE	0 00							0		
CARMEN TWILLIE AMBER PRESIDENT	40 00	х		х				472,898	0	168,741
HEIDI PYCRAFT CONTROLLER	0 00 40 00 0 00			х				113,792	0	40,027

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HEIDI PYCRAFT

CONTROLLER

JAINEN THAYER

CHIEF INVESTMENT OFFICER

VP OF DEVELOPMENT & ALUMNI AFFAIRS

......

DEAN OF CONSERVATORY

DEAN OF ARTS & SCIENCES

ASSOCIATE VP FOR FINANCE

INTERIM VP FOR FINANCE

WILLIAM E BARLOW

ANDREA E KALYN

TIMOTHY E ELGREN

MARY JO DIEKMAN

ALAN J NORTON

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DONICA VARNER	40 00			х				207,560	0	43,420
VP, GENERAL COUNSEL & SECRETARY	0 00									
DAVID KAMITSUKA	40 00			x				210,523	0	64,816
INTERIM DEAN OF ARTS & SCIENCES	0 00									
REBECCA D VAZQUEZ-SKILLINGS  VP FOR FINANCE	40 00			x				120,910	0	17,911
MEREDITH L RAIMONDO  VP AND DEAN OF STUDENTS	40 00				×			171,173	0	41,652
MANUEL CARBALLO	40 00									

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175,232

205,399

183,210

179,198

172,362

169,099

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0

0

0

41,780

42,383

767

27,948

47,213

39,865

MEREDITH L RAIMONDO
VP AND DEAN OF STUDENTS
MANUEL CARBALLO
VP/DEAN OF ADMISSIONS & FIN AID

HARRY N HIRSCH

**PROFESSOR** 

JOHN V DUCA

....... **PROFESSOR** 

JEFFREY A WITMER

MARILYN K MCDONALD

**PROFESSOR** 

**PROFESSOR** 

BENJAMIN R HOCKENHULL

CHIEF INFORMATION TECHNOLOGY OFFICER

and Independent Contractors

and Independent Contractors (A) Name and Title

hours per week (list any hours for related organizations below dotted line)
 40 00
0 00
40 00

0 00

(B)

Average

Institutiona

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

(C)

Position (do not check more than one box, unless employee

person is both an officer and a director/trustee)

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Reportable compensation from the organization (W- 2/1099-MISC) 112,784 139,473

(D)

compensation from related

organizations (W- 2/1099-MISC)

(E)

Reportable

compensation from the organization and related organizations 28,682

41,774

(F)

Estimated

amount of other

CLAYTON R KOPPES

JOYCE BABYAK

INTERIM PRESIDENT (FORMER)

ACTING DEAN OF ARTS & SCI (FORMER)

SCHEDULE Form 990 or 990EZ)			Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form		2018		
Department of the Trea		► Go to	www.irs.gov/Forms		Open to Public Inspection		
Name of the orga DBERLIN COLLEGE	nization					Employer identific	cation number
	an fan Dabiia	Charity Ctat			4 - 4 h 4 \ C	34-0714363	
			<b>us</b> (All organization e it is (For lines 1 thro			see instructions.	
1	ch, convention of	f churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	ol described in <b>s</b> e	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
	tal or a cooperat	tive hospital ser	vice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
	cal research orga	anızatıon operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	enter the hospital's
	anization operate (A)(iv). (Compl		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	ibed in <b>section 170</b>
	• • • • •	,	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
	anization that no n 170(b)(1)(A)	,	a substantial part of it Part II )	s support from a	governmental u	ınıt or from the gener	al public described in
8	nunity trust desc	ribed in <b>sectio</b> i	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
			escribed in <b>170(b)(1)</b> See instructions Enter				lege or university or a
from a	tivities related t nent income and	o its exempt fur unrelated busir	(1) more than 331/39 nctions—subject to cer ness taxable income (le pmplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
•			d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
more	ublicly supported	d organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or sec	ction 509(a)(2	). See section 509(	
a 🗌 <b>Type</b> organ	. A supporting o	rganization opei ver to regularly	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
mana		porting organiz	pervised or controlled in ation vested in the sar and C.			• • • • • • • • • • • • • • • • • • • •	_
			supporting organizatio				ated with, its
d Type	II non-function	nally integrate The organization	ions) You must com  d. A supporting organi  n generally must satis  rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
e 🗌 Check	this box if the or	ganızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	II functionally
_	ted, or Type III nber of supporte		integrated supporting	organization		_	
		ion about the s	upported organization(		anızatıon listed		
(i) Name of organi		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No		
otal							
	duction Act No	tice, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 201

15 Public support percentage for 2017 Schedule A, Part II, line 14

organization

instructions

supported organization

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

_ 5	ection A. Public Support							
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2	018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2011	(6) 2013	(0, 2010	(4) 2017	(0) 2	.010	(1) 1014
1	Gifts, grants, contributions, and	20 565 277	20 255 045	24 752 202	22.752.242	-		141 516 045
	membership fees received (Do not	30,565,377	39,365,045	24,750,983	23,752,343	2.	3,083,097	141,516,845
2	include any "unusual grant ") Tax revenues levied for the						+	
2	organization's benefit and either							
	paid to or expended on its behalf							
	paid to or experided on its benan							
3	The value of services or facilities							
_	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	30,565,377	39,365,045	24,750,983	23,752,343	23	3,083,097	141,516,845
5	The portion of total contributions by							
_	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							5,302,937
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
_	(f)							
6	Public support. Subtract line 5							136,213,908
_	from line 4							
	ection B. Total Support							
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	( <b>d)</b> 2017	(e)2	018	<b>(f)</b> Total
	(or fiscal year beginning in) ▶	` '	` '	` '	` '			
7	(or fiscal year beginning in) ► Amounts from line 4	(a)2014 30,565,377	<b>(b)</b> 2015 39,365,045	(c)2016 24,750,983	(d)2017 23,752,343		018	<b>(f)</b> Total
	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest,	` '	` '	` '	` '			
7	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on	30,565,377	39,365,045	24,750,983	23,752,343	2:	3,083,097	141,516,845
7	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties	` '	` '	` '	` '	2:		
7	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on	30,565,377	39,365,045	24,750,983	23,752,343	2:	3,083,097	141,516,845
7	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties	30,565,377	39,365,045	24,750,983	23,752,343	2:	3,083,097	141,516,845
7	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,565,377	39,365,045	24,750,983	23,752,343	2:	3,083,097	141,516,845
7	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated	30,565,377	39,365,045	24,750,983	23,752,343	2:	3,083,097	141,516,845
7 8	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on	30,565,377	39,365,045	24,750,983	23,752,343	2:	3,083,097	141,516,845
7	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain	30,565,377	39,365,045	24,750,983	23,752,343	2:	3,083,097	141,516,845
7 8	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital	30,565,377	39,365,045	24,750,983	23,752,343	2:	3,083,097	141,516,845
7 8 9	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	30,565,377	39,365,045	24,750,983	23,752,343	2:	3,083,097	141,516,845
7 8	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. Add lines 7 through	30,565,377	39,365,045	24,750,983	23,752,343	2:	3,083,097	141,516,845 17,576,569
7 8 9 10	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. Add lines 7 through 10	30,565,377 4,402,930	39,365,045 4,854,092	24,750,983	23,752,343	2:	3,083,097	141,516,845 17,576,569 159,093,414
7 8 9	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. Add lines 7 through	30,565,377 4,402,930	39,365,045 4,854,092	24,750,983	23,752,343	2:	3,083,097	141,516,845 17,576,569 159,093,414
7 8 9 10	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for	30,565,377 4,402,930 etc (see instruction the organization	39,365,045 4,854,092 ons) 's first, second, thir	24,750,983 2,688,437	23,752,343 2,297,486 tax year as a sect	12 ion 501(	3,083,097 3,333,624 c)(3) orga	141,516,845 17,576,569 159,093,414 958,827,675
7 8 9 10 11 12 13	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for check this box and stop here	30,565,377  4,402,930  etc (see instruction the organization	39,365,045 4,854,092 ons) 's first, second, thir	24,750,983 2,688,437	23,752,343 2,297,486 tax year as a sect	12 ion 501(	3,083,097 3,333,624 c)(3) orga	141,516,845 17,576,569 159,093,414 958,827,675
7 8 9 10 11 12 13 <u>\$</u>	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for	at,402,930  4,402,930  etc (see instruction the organization	39,365,045 4,854,092  ons) 's first, second, thir entage	24,750,983 2,688,437 rd, fourth, or fifth	23,752,343 2,297,486 tax year as a sect	12 ion 501(	3,083,097 3,333,624 c)(3) orga	141,516,845 17,576,569 159,093,414 958,827,675

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

zation,	
	•

15

Schedule A (Form 990 or 990-EZ) 2018

85	620

▶□

86 570 %

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.	)	
30	Calendar year		43.50.5		412.554.7		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI ) <b>Total support.</b> (Add lines 9, 10c,						
	11, and 12 )						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 <b>8</b> (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	<b>017</b> Schedule A, <sup>1</sup>	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			·		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 202 011 11116 14, 1	a, or industrial	Callo DOX allu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b 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 sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	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		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	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 <b>Part VI identify those supported organizations and explain</b> 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	2a		
	b 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 <b>Part VI</b> 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 each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard	3h		

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E				
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	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			
7	Other expenses (see instructions)	7			
8	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)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1			
a	Average monthly value of securities	1a			
b	Average monthly cash balances	<b>1</b> b			
С	Fair market value of other non-exempt-use assets	1c			
d	d Total (add lines 1a, 1b, and 1c)				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt use assets	2			
3	Subtract line 2 from line 1d	З			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions				
8	Minimum Asset Amount (add line 7 to line 6)	8			
	Section C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
				1	

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

## **Additional Data**

### Software ID: Software Version:

**EIN:** 34-0714363

Name: OBERLIN COLLEGE

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE D | Supplemental Fina

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

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**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.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

**DLN: 93493160014240**OMB No 1545-0047

2018

Open to Public Inspection Employer identification number

ODI	ENLIN COLLEGE					34-0	714363		
Ρā	ort I Organizations Maintaining Donor Advis					r Acc	ounts.		
	Complete if the organization answered "Ye	s" on Form 990, (a) Don					(b)Funds a	and other s	eccounts
L	Total number at end of year	(a) Done	n auv	130	ed Turius		(D)I dilds a	and other a	accounts
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
1	Aggregate value at end of year			_					
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc			set	s held in donor ad	vised	funds are th		Yes 🗌 No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?							ıssıble	v 🗆
Dа	rt II Conservation Easements. Complete if th	e organization a	nswe		d "Ves" on Form	1 990	Part IV	⊔ lıne 7	Yes ∐ No
	Purpose(s) of conservation easements held by the organ					1 220	, raiciv,	iiiic 7.	
	Preservation of land for public use (e.g., recreation	·			Preservation of an	histor	ically impor	tant land a	rea
	Protection of natural habitat	r or cadeacion)			Preservation of a c				ii ca
			Ш	-	rieservation of a c	erune	u mstoric st	iucture	
	☐ Preservation of open space	16.1				_			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conserva	tion co	ont	tribution in the for	m of a			f the Year
а	Total number of conservation easements					2a	noid dt	the Line o	r tire rear
b	Total acreage restricted by conservation easements				-	2b			
c	Number of conservation easements on a certified historic	structure include	d ın (a	a)		2c			
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06,	and r	not	on a historic	2d			
3	Number of conservation easements modified, transferred tax year •	d, released, exting	uishe	d,	or terminated by t	the or	ganızatıon d	luring the	
1	Number of states where property subject to conservation	n easement is loca	ted ►	·			_		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ing, ir	nsp	pection, handling o	of viola	r	Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	iolatio	ons	s, and enforcing co	nserv	ation easem	nents durin	g the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violati	ons, a	ind	enforcing conserv	/ation	easements	during the	year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the	requir	en	nents of section 17	70(h)(	4)(B)(ı)	¬	П.,
	, ,, ,, ,,						ا هـه	_ Yes	⊔ No
•	In Part XIII, describe how the organization reports consi- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or							
a e	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Yes	<b>of Art, Historic</b> s" on Form 990,	al Tı Part	re: I\	asures, or Othe /, line 8.	er Si	milar <b>A</b> ss	ets.	
La	If the organization elected, as permitted under SFAS 11: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition,	educat	tıoı	n, or research in fi				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publifollowing amounts relating to these items								
(	(i) Revenue included on Form 990, Part VIII, line 1						<b>&gt;</b> \$		329,043
C	ii)Assets included in Form 990, Part X						<b>▶</b> \$		7,308,113
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1					ncıal g			
а	Revenue included on Form 990, Part VIII, line 1						<b>&gt;</b> \$		
b	Assets included in Form 990, Part X						<b>▶</b> \$		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Collectior	ns of Art, Hist	orica	l Trea	sures, o	r Other	Similar As	sets (co.	ntınued)	
3		g the organization's acq s (check all that apply)	uisition, accession, and o	ther records, che	eck any	of the	following	that are a	significant us	se of its c	ollection	
а	<b>✓</b>	Public exhibition			d [	<b>✓</b> Lo	an or exch	ange prog	ırams			
b	<b>✓</b>	Scholarly research			e [	□ Ot	her					
С	<b>✓</b>	Preservation for future	e generations									
4	Prov Part		organization's collections	and explain how	they 1	further	the organi	zation's ex	xempt purpos	e in		
5			anızatıon solıcıt or receive nds rather than to be mai						nılar	☐ Yes	<b>☑</b> N	lo
Pa	rt IV		odial Arrangements ganization answered "		990, F	art IV	, line 9, o	r reporte	ed an amoui	nt on Fo	rm 990,	Part
1a		e organization an agent ided on Form 990, Part )	, trustee, custodian or ot X?	her intermediary	for co	ntrıbutı	ons or oth	er assets	not	☐ Yes	☑ N	lo
b	If "Y	es," explain the arrange	ement in Part XIII and cor	mplete the follow	ing tal	ble			An	nount		
С		nning balance		·	_			1c				_
d	Addı	tions during the year						1d				_
е	Dıstr	ributions during the year	-					1e				_
f	Endı	ng balance						1f				_
2a	Did t	the organization include	an amount on Form 990,	Part X, line 21,	for esc	row or	custodial a	account lia	ability?	✓ Yes		lo
b	If "Y	es," explain the arrange	ment in Part XIII Check	here if the expla	nation	has be	en provide	d in Part )	XIII	<b>✓</b>		
Pa	rt V	Endowment Fund	<b>ds.</b> Complete if the or	-					•			
1.	Pagini	ning of vone balance	(a)Cu	urrent year <b>(</b> 886,966,355	<b>b)</b> Prior	year ,945,11		ears back 53,148,709	<del>                                     </del>	o3,228	Four yea	rs back 453,260
	_	ning of year balance .  butions		18,829,532		3,001,40		10,382,089		76,874		359,611
		vestment earnings, gair	ns and losses	59,032,360		3,147,23		97,725,520	· ·	65,275		423,120
		s or scholarships		11,663,904	11	,844,32	D	11,973,623	11,9	28,644	10,	544,395
	Other	expenditures for facilitie rograms		28,429,001	32	.018,74	0	28,761,737	27,9	37,474	26,	688,368
f	Admir	nistrative expenses .		131,112		264,33	9	575,844				
g	End o	f year balance		924,604,230	886	,966,35	5 8	19,945,114	753,1	48,709	814,	003,228
2	Prov	ide the estimated percei	ntage of the current year	end balance (lin	e 1g, d	olumn	(a)) held a	as				
а	Boar	d designated or quasi-e	ndowment ► 16 850	%								
b	Perm	nanent endowment 🟲	31 360 %									
С		porarily restricted endov										
За	Are t	there endowment funds	, 2b, and 2c should equal not in the possession of t		that a	re held	and admin	ıstered fo	r the			
	_	nization by inrelated organizations			_					3a(	Yes	No No
	٠,	related organizations .				٠				3a(i	-	No
b			lated organizations listed	as required on S	chedu	le R?				3b	)	
4	Desc	cribe in Part XIII the inte	ended uses of the organiz	ation's endowme	ent fun	ds					•	
Pa	rt VI			Voct on Farry	- no	) - w+ T) /	lino 11=	Coc F=	000 D	 ⊾ ∨ l	10	
	Desci	ription of property	ganization answered "' (a) Cost or other basis (investment)	(b) Cost or o					depreciation		Book valu	ie
_			. ,			7.664	4.5					7.604 :::
	Land					7,684,1			225 025 605			7,684,115
		ngs			49	94,529,8	00		235,025,695		255	9,504,111
		hold improvements			27	29,909,0	18		177,193,364		ς.	2,715,654
u	-4411	mene i i i		1		, , .	1		, , ,		٥.	,

45,122,527

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

45,122,527

365,026,407

	Investments—Other Securities. Complete if the	he organization answ	ered "Yes" on Form 9	90, Part IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category	(b) Book value		od of valuation
(1) Financia	(including name of security)  I derivatives		Cost or end-o	of-year market value
(2) Closely-l (3) Other	held equity interests			
	HELD IN TRUST BY OTHERS	18,426,569		F
(B) NATURAI	L RESOURCES INVESTMENTS	19,924,922		F
(C) VENTURE	E CAPITAL AND OTHER ALTERNATIVE INVESTMENTS	297,870,286		F
(E)				
(F)				
(G)				
(H)				
Total. (Column Part VIII	n (b) must equal Form 990, Part X, col (B) line 12 )  Investments—Program Related.	336,221,777		
	Complete if the organization answered 'Yes' on F  (a) Description of investment	Form 990, Part IV, lin		, Part X, line 13. od of valuation
	(a) Bescription of investment	(B) Book Value		of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. Complete if the organization answered	d 'Yes' on Form 990. Par	t IV. line 11d See Form	990. Part X. line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu.	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a		m 990, Part IV, line 1	
1.	See Form 990, Part X, line 25.  (a) Description of liability	<b>(b)</b> Bo	ok value	
(1) Federal ı		(2) 20		
ANNUITY OB (2)	BLIGATION		14,874,835	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	14,874,835	
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text o	of the footnote to the org	anızatıon's fınancıal stat	_

Part XI

2

4

b

c

Part XII

5

1

2

c

d

3

4

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

13,278,328

207,471,309

80,357,509

287,828,818

221,936,458

38,264,516

183,671,942

76,342,803

260.014.745

Schedule D (Form 990) 2018

b	Donated services and use of facilities	
С	f c Recoveries of prior year grants	
d	<b>d</b> Other (Describe in Part XIII )	
е	Add lines 2a through 2d	
3	Subtract line <b>2e</b> from line <b>1</b>	

b	Donated services and use of facilities
c	Recoveries of prior year grants
d	Other (Describe in Part XIII )
е	Add lines <b>2a</b> through <b>2d</b>

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Other (Describe in Part XIII ) . . . . . .

Add lines **4a** and **4b** . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Subtract line 2e from line 1 . . . .

Add lines 2a through 2d .

Return Reference

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

2a

2b 2c 2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

7,744,778

5.533.550

2.194.551

78,162,958

38,264,516

2,194,551 74,148,252 2e 3

4c

5

2e

3

4c

5

Schedule D (Form 990) 2018		
Part XIII Supplemental Info	mation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2018

# Additional Data

Software ID: Software Version:

EIN: 34-0714363
Name: OBERLIN COLLEGE

ame: OBERLIN COLLEGE

ROPERTY, PLANT AND EQUIPMENT AND A CORRESPONDING INCREASE IN NET ASSETS IN THE STATEMENTS

**Supplemental Information** 

Return Reference Explanation

THE COLLEGE HAS ELECTED NOT TO CAPITALIZE CONTRIBUTED COLLECTIONS ALL WORKS OF ART AND CO LLECTIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH, ARE PROTECTED, KEPT UNENC UMBERED, CARED FOR, AND PRESERVED, AND ARE SUBJECT TO POLICIES GOVERNING THEIR USE RECOGN IZING WORKS OF ART AS AN ASSET OF THE INSTITUTION WOULD RESULT IN A MATERIAL INCREASE IN P

OF FINANCIAL POSITION

Supplemental Information	
Return Reference	Explanation
PART III, LINE 4	THE ALLEN MEMORIAL ART MUSEUM (AMAM) IS ONE OF THE FINEST COLLEGE OR UNIVERSITY COLLECTION S IN THE UNITED STATES COMPRISING NEARLY 14,000 WORKS OF ART FROM VIRTUALLY EVERY CULTURE AND SPANNING THE HISTORY OF ART, THE AMAM'S COLLECTION IS A VITAL CULTURAL RESOURCE FOR T HE STUDENTS, FACULTY, AND STAFF OF OBERLIN COLLEGE AS WELL AS THE SURROUNDING COMMUNITY T HE MUSEUM ORGANIZES A VARIETY OF PUBLIC PROGRAMS IN CONNECTION WITH EXHIBITIONS FOR OBERLIN N COLLEGE AND THE LOCAL COMMUNITY THE MUSEUM OFFERS EDUCATIONAL RESOURCES FOR OBERLIN COLLEGE FACULTY AND STUDENTS AS WELL AS OTHER COLLEGES AND UNIVERSITIES, K-12 TEACHERS, CHILD REN, AND FAMILIES

Cupplemental Information

Supplemental Information				
Return Reference	Explanation			
PART IV, LINE 2B	IN ADDITION TO FUNDS FROM STUDENT ORGANIZATIONS, THE COLLEGE MAINTAINS AGENCY FUNDS FOR VA RIOUS PURPOSES INCLUDING FELLOWSHIPS FUNDED BY OUTSIDE FOUNDATIONS			

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	OBERLIN COLLEGE'S ENDOWMENT SPENDING POLICY IS SET BY THE COLLEGE'S BOARD OF TRUSTEES THE BOARD OF TRUSTEES TAKES GREAT CARE IN DEVELOPING THE BROAD OBJECTIVES AND SPECIFIC SPENDI NG METHODOLOGY, GIVING CONSIDERATION TO A NUMBER OF FACTORS, INCLUDING PRESERVATION OF THE COLLEGE'S ENDOWMENT FOR PERPETUITY, ECONOMIC CONDITIONS AND THE POSSIBLE IMPACT OF INFLAT ION AND DEFLATION, THE COLLEGE'S HISTORICAL TOTAL RETURN ON ENDOWMENT, THE EXPECTED TOTAL RETURNS AND THE RELATED INVESTMENT POLICIES AND TARGETED ALLOCATIONS TO ACHIEVE THE EXPECT ED RETURNS, AND THE OTHER FINANCIAL RESOURCES OF THE COLLEGE THE BROAD OBJECTIVES OF THE ENDOWMENT SPENDING POLICY ARE TO INCREASE THE REAL VALUE OF THE ENDOWMENT, TO PROVIDE A DE PENDABLE STREAM OF CURRENT EARNINGS DISTRIBUTION FROM THE ENDOWMENT POOL TO THE COLLEGE, TO RELEASE EARNINGS AT A RATE SUSTAINABLE OVER THE LONG TERM, AND TO SEEK TO PROVIDE PREDIC TABILITY AND STABILITY OF ENDOWMENT SPENDING ESSENTIAL FOR LONG-RANGE PLANNING

Cupplemental Information

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)  (3) THE COLLEGE GENERATES MINOR AMOUNTS OF UNRELATED BUSINESS INCOME, ANNUALLY FILES FORM 990-T AND PAYS TAXES ON SUCH INCOME THE COLLEGE RECOGNIZES THE TAX BENEFIT FROM AN UNCER TAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAIN ED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION EX AMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE COLLEGE, THE CONTINUED TAX-EXEMPT STATUS OF BONDS ISSUED BY THE COLLEGE AND VARIOUS POSITIONS RELATED TO POTENTIAL SOUR CES OF UNRELATED TAXABLE INCOME THE COLLEGE BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS AS OF JUNE 30, 2019, THE COLLEGE'S INCOME TAX YEARS FROM 2015 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AND LOCAL TAXING AUTHORITIES

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUE OF AFFILIATES THAT WAS INCLUDED IN CONSOLIDATED AFS 5,503,618 RENTAL EXPENSES NETTED WITH RENTAL REVENUE 29,932

Supplemental Information Return Reference Explanation PART XI, LINE 4B - OTHER CHANGE IN INTEREST RATE SWAP LIABILITY 4,014,706 STUDENT FINANCIAL AID, WHICH WAS SHOWN A ADJUSTMENTS S A REDUCTION OF TUITION REVENUE IN CONSOLIDATED AFS BUT AS AN EXPENSE IN PART IX OF FORM 990 71,224,442 REDESIGNATED FUNDS 2.923.810

Supplemental Information	
Return Reference	Explanation
ADJUSTMENTS	POST-RETIREMENT BENEFIT OBLIGATION ADJUSTMENT 412,267 EXPENSES OF AFFILIATES THAT WAS INC LUDED IN CONSOLIDATED AFS 6,207,317 LEGAL CONTINGENCY 31,615,000 RENTAL EXPENSES NETTED WITH RENTAL REVENUE 29,932

\_ \_ \_

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	STUDENT FINANCIAL AID, WHICH WAS SHOWN AS A REDUCTION OF TUITION REVENUE IN CONSOLIDATED A FS BUT AS AN EXPENSE IN PART IX OF FORM 990 71.224.442 REDESIGNATED FUNDS 2.923.810

\_ \_ \_

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493160014240 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** OBERLIN COLLEGE 34-0714363 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f No g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990EZ) (2018)	chedule E (Form 990 or 990EZ) (2018)  Page <b>2</b>							
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	THE COLLEGE PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH NEWSPAPER ADVERTISING, THE COLLEGE COURSE CATALOG, THE STUDENT REGULATIONS, POLICIES AND PROCEDURES PUBLICATION, AND EMPLOYEE HANDBOOKS THE COLLEGE FOLLOWS A VOLUNTARY AFFIRMATIVE ACTION PLAN							
SCHEDULE E, PART I, LINE 6	OBERLIN COLLEGE PARTICIPATES IN VARIOUS STUDENT FINANCIAL AID PROGRAMS FROM THE U S DEPARTMENT OF EDUCATION, INCLUDING THE FOLLOWING PROGRAMS PELL GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, PERKINS LOANS, AND COLLEGE WORK-STUDY PROGRAMS							

Schedule E (Form 990 or 990-EZ) (2018)

efile GRAPHIC print -	DO NOT PRO	CESS	As Filed Data -	•		DLN:	93493160014240	
SCHEDULE F (Form 990)	Statem	ent of	Activities (	Outside the Uni	ited S	tates	OMB No 1545-0047	
(1 01111 930)	► Complete	lete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  ▶ Attach to Form 990.					2018	
Department of the Treasury Internal Revenue Service    So to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection			
Name of the organization OBERLIN COLLEGE						Employer iden	ntification number	
						34-0714363		
<b>Part I General Info</b> Form 990, Pa			s Outside the U	Jnited States. Comple	te if the	organization a	nswered "Yes" to	
=	_			substantiate the amount	_			
		ibility for tl	he grants or assis	stance, and the selection	criteria	used		
to award the grants							✓ Yes 🗌 No	
2 For grantmakers. I outside the United St		t V the org	janization's proce	dures for monitoring the	use of i	ts grants and ot	her assistance	
3 Activites per Region (	The following P	art I, line 3	table can be dupli	cated if additional space is	needed	)		
(a) Region		) Number of ffices 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)	program spe	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region	
See Add'l Data				-				
2- Cub total			0 2				377,412,698	
Sa Sub-total     Total from continuation     Part I	sheets to		0 2				809,611	
	nd 3b)		0 2				378,222,309	

Page **3** Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of	(g) Description	(h) Method of
, ,, ,	<b>,</b>	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
See Add'l Data							

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	<b>☑</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	<b>✓</b> Yes	□No

	orm 990) 2018 Page <b>5</b>
	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).
100 C-LI	do E. Currilamantal Information
990 Scneal	lle F, Supplemental Information
Return Reference	Explanation

## **Additional Data**

EUROPE (INCLUDING ICELAND

& GREENLAND)

# Software ID: Software Version:

**EIN:** 34-0714363

Name: OBERLIN COLLEGE

27,784,093

Form	990	Schodula E	Dart T	- Activities	Outcide	The	<b>United States</b>	
rorm	990	Schedule r	Part 1	- Activities	outside	ine	United 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	0	0	INVESTMENTS		343,773,772

0 INVESTMETNTS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 INVESTMENTS 1,628,189 NORTH AMERICA CENTRAL AMERICA AND THE 0 PROGRAM SERVICES ISTUDY ABROAD 54,662 CARTBBEAN **IPROGRAMS** 

Form 990 Schedule F Part I - Activities Outside The United 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			
EAST ASIA AND THE PACIFIC	0	0		STUDY ABROAD PROGRAMS	914,708			
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2		STUDY ABROAD PROGRAMS	3,087,908			

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) MIDDLE FAST AND NORTH 0 PROGRAM SERVICES ISTUDY ABROAD 92.839 AFRICA **IPROGRAMS** NORTH AMERICA 0 PROGRAM SERVICES ISTUDY ABROAD 76.527 IPROGRAMS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) RUSSIA AND NEIGHBORING 0 PROGRAM SERVICES ISTUDY ABROAD 373.812 STATES **IPROGRAMS** SOUTH AMERICA 0 PROGRAM SERVICES ISTUDY ABROAD 295.949 IPROGRAMS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) 0 PROGRAM SERVICES 139.850 SUB-SAHARAN AFRICA ISTUDY ABROAD **IPROGRAMS** 

(a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of (f) Amount of (g) Description of (h) Method of cash disbursement valuation (book. assistance of cash grant non-cash non-cash FMV, appraisal, recipients assistance assistance other) SCHOLARSHIPS 37.850 CREDIT TO CENTRAL ACCOUNT AMERICA AND THE CARIBBEAN

ACCOUNT

341,320 | CREDIT TO

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

25

EAST ASIA AND

THE PACIFIC

SCHOLARSHIPS

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	145	, ,	CREDIT TO ACCOUNT						
SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	5	· '	CREDIT TO ACCOUNT			_			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
SCHOLARSHIPS	NORTH AMERICA	5		CREDIT TO ACCOUNT						
	RUSSIA AND NEIGHBORING STATES	10	,	CREDIT TO ACCOUNT						

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (c)Number (d) Amount of (e) Manner of cash (h) Method of (a) Type of grant or (b) Region (f) Amount of (g) Description of assistance of cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) SCHOLARSHIPS 166.430 | CREDIT TO SOUTH IACCOUNT AMERICA SCHOLARSHIPS 69,363 | CREDIT TO ISUB-SAHARAN IACCOUNT AFRICA

DLN: 93493160014240 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number OBERLIN COLLEGE 34-0714363 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

(6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. **Explanation** THE COLLEGE ENSURES THAT ITS GRANTS OF STUDENT FINANCIAL AID ARE USED FOR THE INTENDED EDUCATIONAL PURPOSE BY APPLYING THE AWARDS DIRECTLY

ARE AWARDED. GRANTEES ARE REOUIRED TO SUBMIT REPORTS WHICH INDICATE HOW THE GRANT FUNDS WERE SPENT

TO THE STUDENTS' TUITION BALANCES INSTEAD OF ISSUING CHECKS. THE COLLEGE ALSO MAKES ENTREPRENEURIAL AND ENVIRONMENTAL GRANTS THROUGH ITS LAUNCH U PROGRAM AND GREEN EDGE FUND POTENTIAL GRANTEES SUBMIT APPLICATIONS FOR THE GRANTS, AND AFTER A RIGOROUS REVIEW PROCESS, GRANTS

Return Reference PART I, LINE 2

## Additional Data

85 SOUTH MAIN STREET OBERLIN, OH 44074

**OBERLIN COMMUNITY** 

OBERLIN, OH 44074

285 SOUTH PROFESSOR

SERVICES CENTER

STREET

#### Software ID: Software Version: **EIN:** 34-0714363 Name: OBERLIN COLLEGE Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or government assistance other)

18,610

FMV

(h) Purpose of grant

TOWARDS FIRE TRUCK

GREEN EDGE FUND

GRANT

or assistance

PAYMENT 2 OF 7

### CITY OF OBERLIN FIRE 34-6002073 115 31,000 IFMV DEPARTMENT

501C3

34-0907948

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7313925 501C3 38.000 IFMV GENERAL GRANT OBERLIN EARLY CHILDHOOD CENTER 317 FAST COLLEGE STREET OBERLIN, OH 44074

IFMV

IGREEN EDGE FUND

GRANT

9.800

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

OBERLIN FOOD HUB INC.

OBERLIN, OH 44074

23 ERIC NORD WAY SUITE 9

82-1827133

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 51-0505692 501C3 12.500 IFMV OBERLIN UNDERGROUND IGREEN EDGE FUND RAILROAD SOCIETY GRANT PO BOX 426

IFMV

GREEN EDGE FUND

GRANT

8.154

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

OBERLIN, OH 44074

OUR FAMILY FATHERS AND 20-8535326

MOTHERS INVOLVED IN LOCAL YOUTH 234 HEMLOCK DR

ELYRIA, OH 44035

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-2327255 501C3 20.000 **IFMV** GREEN EDGE FUND PROVIDING OBERLIN WITH EFFICIENCY RESPONSIBLY INC GRANT 81 LOCUST ST OBERLIN, OH 44074 WESTERN RESERVE LAND 34-1571233 501C3 14.934 **IFMV** GREEN EDGE FUND

GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CONSERVANCY

3850 CHAGRIN RIVER ROAD MOORELAND HILLS, OH 44022

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19316	0014	240	
Schedule J		Compensation Information					OMB No 1545-0047		
(For	m 990)	For certain Office		Trustees, Key Employees, and Hig	hest	•			
		► Complete if the org	Compensa anization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	<b>2</b> 0	18	3	
Depar	tment of the Treasury	▶ Go to www.irs.go		n to Form 990. rinstructions and the latest infori			to Pul		
Intern	al Revenue Service					Insp	ectio	n	
	me of the organiza ERLIN COLLEGE	ation			Employer identificat	ion nu	ımber		
					34-0714363				
Pa	rt I Questi	ons Regarding Compensat	cion						
1a				f the following to or for a person liste ny relevant information regarding the			Yes	No_	
	☐ First-class	s or charter travel	✓	Housing allowance or residence for	personal use				
		companions		Payments for business use of perso	nal residence				
		nification and gross-up payments	; <u> </u>	Health or social club dues or initiati					
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chau	ffeur, chef)				
b		xes in line 1a are checked, did th all of the expenses described abo		follow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b	Yes		
2				or allowing expenses incurred by all or, regarding the items checked in line	. 1.2	2	Yes		
	directors, truste	es, officers, including the CEO/E	xecutive Directo	or, regarding the items checked in line	e la <sup>r</sup>				
3	organization's C	EO/Executive Director Check all	that apply Don	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain					
	✓ Compens	ation committee	П	Written employment contract					
		ent compensation consultant	$\overline{\mathbf{Z}}$	Compensation survey or study					
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	ation committee				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No	
b		r receive payment from, a supple		lified retirement plan?		4b		No	
С	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Par	t III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5	For persons liste		n A, line 1a, did	the organization pay or accrue any					
а	The organization	٦٦				5a		No	
b	Any related orga					5b		No	
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any					
а	The organization					6a		No	
b	Any related orga					6b		No	
_	-	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe art III	a	7	Yes		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No	
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow	v the rebuttable	presumption procedure described in	Regulations section	9			
For I	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. !	50053T Schedule J	(Form	1 990)	2018	

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

Part II Officers, Directors, Trustees, key Employees, and Trig								
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII								
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	al amount of Fo	rm 990, Part VII, Se	≥ction A, line 1a, a	pplicable column (Γ	ン) and (E) amour	nts for that indi	vidual	
(A) Name and Title	(B) Brea	(B) Breakdown of W-2 and/or 1099-MISC compensation			( <b>D)</b> Nontaxable benefits	columns	Compensation in	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table						•		
	1	1	1	1	1	I	1	
							!	
	+							
	+							
	+	+		+				
	+	-		+		-		
			1					

Schedule J (Form 990) 2018	Page <b>3</b>				
Part III Supplemental Info	rmation				
Provide the information, explanation	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information				
Return Reference Explanation					
PART I, LINE 1A	THE COLLEGE REQUIRES ITS PRESIDENT TO LIVE ON-CAMPUS AND HAS PROVIDED SUITABLE HOUSING THE PRESIDENT'S HOME IS USED SUBSTANTIALLY FOR COLLEGE BUSINESS INCLUDING MEETINGS WITH STAFF AND STUDENTS, MEETINGS WITH ALUMNI AND DONORS, AND OTHER COLLEGE-RELATED MATTERS THE				

COLLEGE DOES NOT TREAT THE VALUE OF THE HOUSING PROVIDED AS TAXABLE COMPENSATION TO THE PRESIDENT

Return Reference	Explanation
	THE FOLLOWING INDIVIDUAL RECEIVED NON-FIXED PAYMENTS RECORDED ON PART II, COLUMN B(II) JAINEN THAYER BONUS/INCENTIVE COMPENSATION BASED ON PERFORMANCE OF THE ENDOWMENT \$270,436

Software ID:

**Software Version:** 

**EIN:** 34-0714363

Name: OBERLIN COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule	-,		,,	-,p,,			I	
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base 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
CARMEN TWILLIE AMBER PRESIDENT	(1)	467,516	0	5,382	133,150	35,591	641,639	0
	(11)	0	0	0	0	0	0	0
HEIDI PYCRAFT CONTROLLER	(1)	113,420	0	372	16,775	23,252	153,819	0
JATAICAL THANCE	(11)	0	0	0	0	0	0	0
JAINEN THAYER CHIEF INVESTMENT OFFICER	(1)	246,751	270,436	158	29,327	25,555 	572,227	0
	(11)	0	0	0	0	0	0	0
WILLIAM E BARLOW VP OF DEVELOPMENT &	(1)	256,577 	0	1,188	35,939	11,537	305,241	0
ALUMNI AFFAIRS	(11)	0	0	0	0	0	0	0
ANDREA E KALYN DEAN OF CONSERVATORY	(1)	241,335	0	414	28,640	23,055	293,444	0
	(11)	0	0	0	0	0	0	0
TIMOTHY E ELGREN DEAN OF ARTS & SCIENCES	(1)	220,705	0	774	31,935	32,316	285,730	0
	(11)	0	0	0	0	0	0	0
MARY JO DIEKMAN ASSOCIATE VP FOR	(1)	160,748	0	331	19,479	9,786	190,344	0
FINANCE	(11)	0	0	0	0	0	0	0
DONICA VARNER VP, GENERAL COUNSEL &	(1)	207,296	0	264	11,654	31,766	250,980	0
SECRETARY	(11)	0	0	0	0	0	0	0
DAVID KAMITSUKA INTERIM DEAN OF ARTS &	(1)	209,749	0	774	30,363	34,453	275,339	0
SCIENCES	(11)	0	0	0	0	0	0	0
MEREDITH L RAIMONDO VP AND DEAN OF	(1)	170,943	0	230	20,396	21,256	212,825	0
STUDENTS	(11)	0	0	0	0	0	0	0
MANUEL CARBALLO VP/DEAN OF ADMISSIONS	(1)	175,064	0	168	5,067	36,713	217,012	0
& FIN AID	(11)	0	0	0	0	0	0	0
HARRY N HIRSCH PROFESSOR	(1)	203,113	0	2,286	28,784	13,599	247,782	0
	(11)	0	0	0	0	0	0	0
JOHN V DUCA PROFESSOR	(1)	182,500	0	710	0	767	183,977	0
	(11)	0	0	0	0	0	0	0
BENJAMIN R HOCKENHULL CHIEF INFORMATION	(1)	178,955	0	243	15,417	12,531	207,146	0
TECHNOLOGY OFFICER	(11)	0	0	0	0	0	0	0
JEFFREY A WITMER PROFESSOR	(1)	171,691	0	671	24,687	22,526	219,575	0
	(11)	0	0	0	0	0	0	0
MARILYN K MCDONALD PROFESSOR	(1)	168,036	0	1,063	23,588	16,277	208,964	0
	(11)	0	0	0	0	0	0	0
CLAYTON R KOPPES INTERIM PRESIDENT	(1)	110,806	0	1,978	15,760	12,922	141,466	0
(FORMER)	(11)	0	0	0	0	0	0	0
JOYCE BABYAK ACTING DEAN OF ARTS &	(1)	138,720	0	753	19,888	21,886	181,247	0
SCI (FORMER)	(11)	0	0	0	0	0	0	0
			•					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493160014240 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) **2018** ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ➤ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number OBERLIN COLLEGE 34-0714363 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased behalf of financing ıssuer Yes No Yes No Yes No OHIO HIGHER EDUCATIONAL 34-6849674 67756AP55 10-01-2009 78,715,883 | SEE PART VI Х Χ Х FACILITY COMMISSION OHIO HIGHER EDUCATIONAL 34-6849674 67756DBZ8 09-12-2013 55,692,997 | SEE PART VI Х Х Х FACILITY COMMISSION OHIO HIGHER EDUCATIONAL 34-6849674 67756BZU7 09-16-2014 53,860,000 | SEE PART VI Χ Χ Х FACILITY COMMISSION OHIO HIGHER EDUCATIONAL 34-6849674 67756DNB8 04-12-2017 43,220,316 SEE PART VI Х Χ Х FACILITY COMMISSION Part  ${
m I\hspace{-.1em}I}$ **Proceeds** С D 78,715,883 55,699,572 53.860,000 43,576,304 4 5 6 78,007,350 40.106.763 53.660,000 17,424,343 7 684,258 8 9 24,275 419,058 200,000 10 15,173,751 26,151,961 11 12 13 2009 2015 2014 Yes Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue? . . . . Χ Х Х Χ 14 Were the bonds issued as part of an advance refunding issue? . . . . . Χ Χ Χ Х 15 Has the final allocation of proceeds been made? . . . . . . . . . . . Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Χ **Private Business Use** Part 🏻 Α В C D Yes No Yes No Yes No Yes No 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed

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

Χ

Cat No 50193E

Х

Χ

Schedule K (Form 990) 2018

d

6

8a

Part IV

b

C

Arbitrage

Χ

Х

Χ

No

Х

Χ

Χ

Х

Page 2

D

Χ

Х

Х

Х

Yes

Χ

Schedule K (Form 990) 2018

D

Χ

No

Χ

Χ

Х

Х

C

Χ

Χ

Χ

Χ

No

Χ

Χ

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Χ

X

В

Yes

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Х

Yes

Х

Х

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside b counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C 

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . 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)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Α

Yes

Χ

Х

Yes

Χ

ISSUER NAME OHIO HIGHER EDUCATIONAL FACILITY COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 01/06/2015

Nο

Explanation

Χ

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Х

Х

Yes

No

Yes

Х

Page 3

Nο

Х

Yes

No

Were gross proceeds invested in a guaranteed investment contract Χ 

Schedule K (Form 990) 2018

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Return Reference

DATE REBATE COMPUTATION

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

(GIC)?

period?

Part V

Part VI

PERFORMED

Return Reference	Explanation
PART I, COLUMN (F) - DESCRIPTION OF PURPOSE	ROW A - EDUCATIONAL FACILITIES, INCLUDES REFUNDING OF SERIES 1999 (2-1-1999), SERIES 2005 (12-14-2005), AND SERIES 2006 (1-12-2006) THIS BOND IS TREATED AS PART OF TWO SEPARATE ISSUES PURSUANT TO, AND TO THE EXTENT SET FORTH IN, TREASURY REGULATION SECTION 1 150-1(C)(3) ROW B - EDUCATIONAL FACILITIES, INCLUDES REFUNDING OF SERIES 2003 (8-26-2003) ROW C - EDUCATIONAL FACILITIES, INCLUDES REFUNDING OF SERIES 2008 (4-18-2008) AND A PORTION OF SERIES 2009 (10-1-2009) THIS BOND IS TREATED AS PART OF TWO SEPARATE ISSUES PURSUANT TO, AND TO THE EXTENT SET FORTH IN, TREASURY REGULATION SECTION 1 150-1(C)(3) ROW D - EDUCATIONAL FACILITIES, INCLUDES PARTIAL ADVANCE REFUNDING OF SERIES 2009 (10-1-2009) AND NEW MONEY

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(For	m 990)		17	ioncasii contri	Dutions		20	10	)
		-	_	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	<b>20</b>	19	)
		► Attach to Form							
•	tment of the Treasury al Revenue Service	▶Go to <u>www.irs.</u>	gov/Form9	<u>90</u> for the latest informat	ion.		Open to Inspe		
	e of the organizat LIN COLLEGE	ion				Employer iden	tification n	umber	•
ODLIN	LIN COLLEGE					34-0714363			
Pa	rt 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) d of determi ontribution a		s
1	Art—Works of art	t	X	29	329,043	APPRAISAL			
2	Art—Historical tr	easures .							
3	Art—Fractional in								
4	Books and public		X		14,500	APPRAISAL			
5	Clothing and hou goods	isenold							
6	Cars and other v								
7	Boats and planes								
8	Intellectual prope	erty							
9	Securities—Public	•	X	107	2,156,441	. FMV			
	Securities—Close								
	Securities—Partr or trust interest	s							
	Securities—Misce								
13	Qualified conserve contribution—Hi structures .	storic							
14	Qualified conserve contribution—Of								
	Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth								
18 19	Collectibles . Food inventory								
20	Drugs and medic		X	1,000	46 990	APPRAISAL			
21	Taxidermy .			1,000	40,550	ATTRAISAL			
	Historical artifact								
23	Scientific specim	ens							
24	Archeological art	ifacts							
	Other ▶ (	<b>T</b> C \	Х	11	58,510	COST/APPRAIS	AL		
	Othor > (								
26 27	Other ► (	,							
	Other • (								
			the organiza	tion during the tax year for	contributions	<del>                                     </del>			
				B, Part IV, Donee Acknowled		29			19
						•		Yes	No
30a	must hold for at	least three years f	rom the date	contribution any property refer the initial contribution, a	and which is not required to		mpt		
b		e the arrangement					30a		No_
31	Does the organi	zation have a gift a	cceptance p	olicy that requires the reviev	v of any nonstandard contri	butions?	31	Yes	
32a	_	_		or related organizations to se	·				
	contributions?  If "Yes," describ						32a	Yes	
	•		n amount in	column (c) for a type of pro	perty for which column (a)	ıs checked.			
	describe in Part	•		21.2 (5) 10. a c/pc of pro	r,	,			
		n Act Notice see th	o Inctruction	s for Form 000	Cat. No. 512271	Caha	dule M (Form	000) (	2010)

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation PART I, COLUMN (B) IUSING A COMBINATION OF THE TWO METHODS ABOVE JUSE OF THIRD PARTIES - THE COLLEGE UTILIZES A SECURITIES BROKER TO SELL DONATED SECURITIES PART I, LINE 32B THE FEES CHARGED BY THE BROKER ARE AT OR BELOW FAIR MARKET VALUE Schedule M (Form 990) (2018)

efile GRAPHI	C print - DO NOT PROCESS As Filed Data -	DLN:	93493160014240			
SCHEDULE (Form 990 or 9 EZ)	Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional inform  Attach to Form 990 or 990-EZ.	uestions on nation.	OMB No 1545-004  2018  Open to Public Inspection			
Name Brthe organ OBERLIN COLLEGE	Hgation	Employer identi	fication number			
Return Reference	O, Supplemental Information  Explanation					
FORM 990, PART 1, LINE 6, NUMBER OF VOLUNTEERS	THE ALUMNI ASSOCIATION WOULD NOT BE ABLE TO SUPPORT SUCH A WID VITIES WITHOUT THE DEDICATION AND COMMITMENT OF MANY ALUMNI WALUMNI AND ENCOURAGE THEM TO FIND A VOLUNTEER ACTIVITY OF INTEL RALUMNI TO STAY ENGAGED AND TO SUPPORT THE COLLEGE AND OUR SINVOLVED WITH A REGIONAL OR INTERNATIONAL CLUB -RECRUIT NEW ST LUMNI ADMISSIONS RECRUITER -ATTEND AN ADMISSIONS FAIR OR HOST A ECOME AN ALUMNI ADVISOR ON OUR ONLINE NETWORKING PLATFORM, WAD DIFFERENCE THROUGH FUNDRAISING AS A CLASS AMBASSADOR -VOLUNTERED GROUP -SERVE ON THE ALUMNI LEADERSHIP COUNCIL OR A WORREUNION PLANNING COMMITTEE -OFFER SUMMER AND WINTER TERM INTEL MEDIA AMBASSADOR -HOST A STUDENT INTERN IN THEIR HOME -HOST AFFICE	E VALUE THE CONTR REST WE OFFER MAI TUDENTS VOLUNTEI UDENTS FOR OBERLI AN ADMISSIONS GATI ISR -ENCOURAGE O' NTEER FOR AN AFFII RKING COMMITTEE -SERVE A	IBUTIONS OF NY WAYS FO ERS CAN -GET IN AS AN A HERING -B THERS TO MAKE NITY OR CHA SERVE ON A IS A SOCIAL			

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	OBERLIN COLLEGE AND CONSERVATORY EDUCATE STUDENTS FOR LIVES OF INTELLECTUAL, MUSICAL AND A RTISTIC RIGOR AND BREADTH, SUSTAINED INQUIRY, CREATIVITY AND INNOVATION, AND LEADERSHIP O BERLIN AIMS TO PREPARE GRADUATES WITH THE KNOWLEDGE, SKILLS, AND PERSPECTIVES ESSENTIAL TO CONFRONT COMPLEX ISSUES AND TO CREATE CHANGE AND VALUE IN THE WORLD OBERLIN IS COMMITTED TO EDUCATIONAL ACCESS AND OPPORTUNITY, EMBRACES A DIVERSE AND INCLUSIVE RESIDENTIAL LEARN ING ENVIRONMENT DEFINED BY A FREE AND RESPECTFUL EXCHANGE OF IDEAS, AND SHARES AN ENDURING COMMITMENT TO A SUSTAINABLE AND JUST SOCIETY CORE VALUES DERIVED FROM OUR MISSION INCLUD E - EDUCATIONAL EXCELLENCE THE COLLEGE OF ARTS AND SCIENCES AND CONSERVATORY OF MUSIC AR E COMMITTED TO EDUCATING STUDENTS TO ACHIEVE ACADEMIC AND MUSICAL EXCELLENCE IN AN ENVIRON MENT WHERE EQUITY, DIVERSITY, AND INCLUSION ARE A CENTRAL MODE FOR ACHIEVING SUCH EXCELLEN CE AN OBERLIN EDUCATION PREPARES STUDENTS FOR SUCCESSFUL LIVES, CAREERS, AND LEADERSHIP B Y ENABLING THEM TO SEE AND DEVELOP MEANINGFUL CONNECTIONS AND INTEGRATION WITH ALL ASPECTS OF THEIR OBERLIN EXPERIENCE, AND WITH THE WIDER WORLD THE OBERLIN CONSERVATORY PROVIDES PROFESSIONAL EDUCATION AT THE HIGHEST LEVEL, ENABLING STUDENTS TO REACH THEIR GREATEST POT ENTIAL BOTH AS MUSICIANS AND INDIVIDUALS, AND TO ATTAIN SKILLS AND PERSPECTIVES NOT ONLY IN MUSIC, BUT IN OTHER DISCIPLINES THAT WILL PREPARE THEM TO BECOME LEADERS - DIVERSITY AN DO COMMUNITY A DIVERSE RESIDENTIAL COMMUNITY IS CRITICAL TO FOSTERING THE SPECTRUM OF PERS PECTIVES, INTERACTIONS, AND APPROACHES UPON WHICH THE MOST EFFECTIVE TEACHING AND LEARNING DEPEND - STEWARDSHIP OBERLIN SEEKS LIFE-LONG ENGAGEMENT WITH AND WISE STEWARDSHIP OF THE INSTITUTION BY STUDENTS, PARENTS, FACULTY, STAFF, AND ALUMNI - SUSTAINABILITY OBERLIN REMAINS COMMITTED TO LEADERSHIP IN ENVIRONMENTAL SUSTAINABILITY AND EDUCATION

Return

Reference	·
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF TRUSTEES DELEGATED THE TASK OF REVIEWING FORM 990 TO THE AUDIT COMMITTEE, PUR SUANT TO THE COLLEGE'S BY-LAWS AND APPROVED VIA A VOTE OF THE ENTIRE BOARD AN ELECTRONIC DRAFT COPY OF THE FORM 990 WAS PROVIDED TO THE AUDIT COMMITTEE IN ADVANCE OF ITS MEETING ON MAY 4, 2020, FOR REVIEW FOLLOWING THE REVIEW WITH THE OUTSIDE PUBLIC ACCOUNTING FIRM, THE AUDIT COMMITTEE APPROVED FORM 990 BECAUSE OF SCHEDULE B'S PRIVATE AND CONFIDENTIAL NAT URE, THE COLLEGE HAS DISTRIBUTED FORM 990 TO THE FULL BOARD OF TRUSTEES WITH THE EXCEPTION OF DONOR INFORMATION ON SCHEDULE BAS SUCH, WE ARE REQUIRED TO ANSWER "NO" TO THE QUESTION ON ON LINE 11A EVEN THOUGH A COPY OF FORM 990 (WITH REDACTED DONOR INFORMATION ON SCHEDULE B) WAS PROVIDED TO THE TRUSTEES BEFORE FILING

Explanation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, TRUSTEES, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE AT LEAST ANN UALLY, AND WITHIN THIRTY DAYS AFTER A MATERIAL CHANGE, ANY RELATIONSHIPS, POSITIONS, OR CI RCUMSTANCES THAT THEY BELIEVE COULD CONTRIBUTE TO A CONFLICT OF INTEREST, VIA A DISCLOSURE FORM THAT IS CIRCULATED, ALONG WITH THE COLLEGE'S CONFLICT OF INTEREST POLICY, TO ALL SUC H INDIVIDUALS THE GENERAL COUNSEL AND SECRETARY OF THE COLLEGE REVIEWS AND ANALYZES ANY C ONFLICTS AND MAINTAINS COPIES OF DISCLOSURE STATEMENTS VIOLATIONS OF THE CONFLICT OF INTE REST POLICY ARE COMMUNICATED TO THE CHAIR OF THE AUDIT COMMITTEE AND THE CONTROLLER OF THE COLLEGE, INVESTIGATED BY THE COLLEGE, AND PROMPTLY CORRECTED, INCLUDING, WHERE APPLICABLE, DISCIPLINARY ACTION, UP TO THE INDIVIDUAL'S REMOVAL FROM HIS OR HER POSITION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PURSUANT TO THE COLLEGE'S BY-LAWS, APPROVED VIA A VOTE OF THE FULL BOARD, THE COMPENSATION ARRANGEMENTS FOR THE PRESIDENT AND SELECT OFFICERS AND KEY EMPLOYEES ARE APPROVED IN ADVA NCE THROUGH THE FOLLOWING PROCESS THE COMPENSATION SUBCOMMITTEE OF THE BOARD'S EXECUTIVE COMMITTEE ORGANIZES AND CONDUCTS THE REVIEW OF THE PRESIDENT AS THE COLLEGE'S CHIEF EXECUT IVE OFFICER, AND MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND THE BOARD CONCERNING THE COMPENSATION OF THE PRESIDENT AND SELECT OFFICERS AND KEY EMPLOYEES THE COMPENSATION SUBCOMMITTEE CONSISTS OF TRUSTEES WITHOUT A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT IN FORMULATING ITS RECOMMENDATIONS, THE COMPENSATION SUBCOMMITTEE OB TAINS AND RELIES UPON COMPARABILITY DATA REGARDING THE COMPENSATION OF THE PRESIDENT AND SELECT OFFICERS AND KEY EMPLOYEES AT SIMILARLY SITUATED PRIVATE COLLEGES AND UNIVERSITIES THE SUBCOMMITTEE PRESENTS TO THE EXECUTIVE COMMITTEE ITS WRITTEN REPORT AND RECOMMENDATION S THE EXECUTIVE COMMITTEE MAY APPROVE THE SUBCOMMITTEE'S REPORT AND RECOMMENDATIONS OR AC TOTHERWISE, AND THE EXECUTIVE COMMITTEE'S ACTION IS THEN PRESENTED TO THE FULL BOARD IN E XECUTIVE SESSION FOR RATIFICATION A WRITTEN REPORT OF THE APPROVED COMPENSATION DETERMINA TION AND THE BASIS FOR THAT DETERMINATION IS SUBSEQUENTLY FILED AND PRESERVED WITH THE COLLEGE'S GENERAL COUNSEL AND SECRETARY

Return Explanation
Reference

FORM 990, THE COLLEGE MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST ITS AUDITE PART VI, D FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE THE COLLEGE DOES NOT MAKE ITS CONFLICT P SECTION C, OLICY AVAILABLE TO THE PUBLIC LINE 19

Return Reference	Explanation
FORM 990, PART VI, LINE 16B - JOINT VENTURE POLICY	THE COLLEGE'S PROCESS REGARDING MAKING INVESTMENTS, INITIATING CAPITAL PROJECTS, AND CREAT ING NEW SUBSIDIARIES REQUIRES THOROUGH BOARD REVIEW AND APPROVAL THE COLLEGE HAS REVIEWED WITH ITS BOARD ITS PARTICIPATION IN ITS EXISTING JOINT VENTURES AND ENSURED THAT THE COLL EGE'S TAX-EXEMPT STATUS HAS NOT BEEN COMPROMISED THE COLLEGE FORMED TWO FOR-PROFIT ENTITIES THAT ARE CURRENTLY TREATED AS "JOINT VENTURES" THESE FOR-PROFIT ENTITIES WERE FORMED TO FACILITATE THE QUALIFICATION FOR AND USE OF HISTORIC AND OTHER TAX CREDITS FOR THE COLLEGE'S APOLLO THEATER BUILDING RENOVATION APOLLO THEATER HOLDINGS, INC. IS 100% OWNED BY THE COLLEGE, AND APOLLO THEATER, LCC IS 98 8% OWNED BY THE COLLEGE AS SUCH, THE COLLEGE HAS SUFFICIENT CONTROL TO ENSURE THAT THE FOR-PROFIT ENTITIES OPERATE IN A MANNER THAT FURTHERS THE EXEMPT PURPOSES OF THE COLLEGE THE COLLEGE FORMALIZED IN A WRITTEN POLICY THESE EXISTING PROCEDURES AND PROCESSES REGARDING ITS PARTICIPATION IN JOINT VENTURES WITH FOR-PROFIT ENTITIES, AND THE POLICY WAS APPROVED BY THE BOARD IN JUNE OF 2013

Return Explanation

LINE 9

Reference	
FORM 990,	CHANGE IN INTEREST RATE SWAP LIABILITY -4,014,707 POST-RETIREMENT BENEFIT OBLIGATION ADJUSTMENT
PART XI.	1-412-267 LEGAL CONTINGENCY -31-615-000

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	160014	240		
SCHEDULE R (Form 990)		Related C	_					-				OMB No		<del>1</del> 7		
Department of the Treasurs Internal Revenue Service	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.</li> <li>► Attach to Form 990.</li> <li>► Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>											2018 Open to Public Inspection				
Name of the organization OBERLIN COLLEGE										loyer identif	icatior	number				
Part I Identification	of Disregarded E	ntities Complete if	the organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3		714363						
	(a) EIN (if applicable) of disre	<u> </u>		<b>(b)</b> Primary a	 	( Legal dom	c) nicile (state n country)	(d) Total inco		<b>(e)</b> End-of-year as	sets	<b>(f</b> Direct co ent	ntrolling			
Part II Identification of related tax-exen	of Related Tax-Exc npt organizations di		s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part IV	/, line 34 be	cause	ıt had one or	more			
See Additional Data Table	iipe organizaciono ac	ing the tax years														
Name, address, and	(a) d EIN of related organızatı	on	Prim	<b>(b)</b> ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod		Public ch	(e) narity status n 501(c)(3))	Dii	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?		
													Yes	No		
													-			
For Paperwork Reduction Ac	t Notice, see the Inc	structions for Form 9	90.			it No 5013	RSY				Sch	edule R (Form	990) 20	118		

(a) Name, address, and EIN related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Predominant income(related		end-of-year	Disprop	<b>h)</b> irtionate itions?	amount in	Gene man	ral or	(k Percer owne	ntage	
			(state or foreign country)	entity	unrelated, excluded from tax under sections 512- 514)		assets	Yes	No	box 20 of Schedule K-1 (Form 1065)		ner?		
(1) APOLLO THEATER LLC		RENTAL	ОН	APOLLO	EXCLUDED	-201,267		165	No		Yes	No	98 8	800 %
173 W LORAIN STREET OBERLIN, OH 44074 45-3182023				THEATER HOLDINGS INC										
Part IV Identification of Related Org because it had one or more related to the second of the second							wered "Ye	s" on	Form	990, Part I	V, lın	e 34		
(a) Name, address, and EIN of related organization	( <b>b)</b> Primary activity	(sta	(c) Legal domicile ate or forei country)			(e) Type of entity C corp, S corp, or trust)	(f) Share of tota Income	al Sha	(g) re of en year assets	id-of- Per ow	(h) centag nership	e )	Section (13) cor ent	512(b) ntrolled ity?
(1)APOLLO THEATER HOLDINGS INC	HOLDING CO		ОН		ERLIN C	;				100	000 %		Yes	
173 W LORAIN STREET OBERLIN, OH 44074 45-3181852				Co	LLEGE									
(2)CHARITABLE REMAINDER TRUSTS (36)	CHARITABLE TRUST		ОН		Т									No
173 W LORAIN STREET OBERLIN, OH 44074														
(3)CHARITABLE REMAINDER TRUSTS (1)	CHARITABLE TRUST		NY		Т									No
173 W LORAIN STREET OBERLIN, OH 44074														
(4)CHARITABLE REMAINDER TRUSTS (1)	CHARITABLE TRUST		WA		Т									No
173 W LORAIN STREET OBERLIN, OH 44074														

Schedule R (Form 990) 2018						
Part V Transactions With Related Organizations Complete if the organization answered "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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No			
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No			
c Gift, grant, or capital contribution from related organization(s)	1c		No			
d Loans or loan guarantees to or for related organization(s)	1d	Yes				
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)	<b>1</b> g		No			
h Purchase of assets from related organization(s)	1h		No			
i Exchange of assets with related organization(s)	1i		No			
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	1j		No			
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)	11	Yes				
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes				
o Sharing of paid employees with related organization(s)	10		No			
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No			
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes				
r Other transfer of cash or property to related organization(s)	<b>1</b> r		No			
s Other transfer of cash or property from related organization(s)	1s		No			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
									•	Schedul	e R (Form	1 99	0) 2018



OBERLIN, OH 44074 34-1658407

173 W LORAIN ST OBERLIN, OH 44074 34-1568219

173 W LORAIN ST OBERLIN, OH 44074 34-0960554

173 W LORAIN ST OBERLIN, OH 44074 34-0768350

70 N PROFESSOR ST OBERLIN, OH 44074 26-3344852

GAMBIER, OH 43022 31-1440434

535 WEST WILLIAM ANN ARBOR, MI 48103

173 W LORAIN ST OBERLIN, OH 44074 04-2996114

38-1678376

209 CHASE AVENUE EATON CENTER

Software ID: **Software Version:** 

> **EIN:** 34-0714363 Name: OBERLIN COLLEGE

> > PROPERTY HOLDING

PROPERTY HOLDING

EDUCATIONAL

BROADCASTING

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LINE 12A, I

LINE 12A, I

LINE 12A, I

LINE 12C, III-FI

OBERLIN COLLEGE

OBERLIN COLLEGE

OBERLIN COLLEGE

N/A

N/A

N/A

N/A

Yes

Yes

Yes

No

No

No

No

		or for
	PROPERTY HOLDING	
173 W LORAIN ST		