**Return of Organization Exempt From Income Tax** 

Department of the

DLN: 93493131038341 OMB No. 1545-0047

2019

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.

▶ Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

Open to Public Inspection

		nue Service		nning 07-01-2019 , and ending	06-30-	2020			
		pplicable:	<b>C</b> Name of organization	ining 07 01 2015 , and chang	, 00 30	2020	D Employer	identific	cation number
□ Add	dress	change	Oberlin College				34-07143	363	
☐ Nai		-	Doing business as				-		
		turn n/terminated							
		d return	173 M Lorain St Controllors Offi	nail is not delivered to street address)	oom/suite	;	E Telephone		
⊔ Арі	plicatio	on pending		ntry, and ZIP or foreign postal code			(440) 77.	5-8460	
			Oberlin, OH 44074	nary, and 211 or foreign postar code			<b>G</b> Gross rece	ipts \$ 36	1,560,763
			F Name and address of principa	al officer:		<b>H(a)</b> Is thi	s a group retu	ırn for	
			Rebecca Vazquez-Skillings 70 N Professor St				dinates?		□Yes 🗹 No
			Oberlin, OH 44074			H(b) Are a include	ll subordinate ded?	S	☐ Yes ☐No
[ Tax	k-exer	mpt status:	<b>☑</b> 501(c)(3) □ 501(c)( ) <b>◄</b>	(insert no.) 4947(a)(1) or	527		o," attach a lis	t. (see i	nstructions)
J W	ebsit	e:▶ ww	w.oberlin.edu			H(c) Grou	p exemption r	umber <b>i</b>	<b>•</b>
<b>K</b> Forn	n of o	rganization	: 🗹 Corporation 🗌 Trust 🗎 Asso	ociation Other ►	ı	Year of form		M State o	of legal domicile:
Б.	-11	C						JII	
Pa	art I		mary scribe the organization's mission o	ur most significant activities					
activities & Governance	(	Oberlin Co creativity	ollege and Conservatory educate s	tudents for lives of intellectual, mu berlin aims to prepare graduates w					
) ve	-								
5				scontinued its operations or dispose					
<b>න්</b> ග	l			ng body (Part VI, line 1a)				3	33
шe	l		•	f the governing body (Part VI, line :	•		•	4	32
<u>ال</u>	l		• •	llendar year 2019 (Part V, line 2a)			•	5	3,694
ğ	l		•	cessary)			•	6 7a	1,950
	l			t VIII, column (C), line 12 m Form 990-T, line 39			•	7a 7b	-544,952 -60,395
	, D	Net unie	iated business taxable income no	11 FOITH 990-1, IIIIe 39	• •		ior Year		Current Year
	R	Contribut	tions and grants (Part VIII line 1h	)		F1	23,083,09	_	38,912,972
Ē.	l		, ,	)			198,797,61		200,140,422
Ravenue	l	-	, , ,	lines 3, 4, and 7d ) . . . .			65,905,59		66,470,681
ď	l		venue (Part VIII, column (A), lines	,			42,50	-	7,301
	l		, , , , , , , , , , , , , , , , , , , ,	ust equal Part VIII, column (A), line	12)		287,828,81		305,531,376
	_		nd similar amounts paid (Part IX, o				71,424,44	10	75,910,367
	14	Benefits	paid to or for members (Part IX, c	olumn (A), line 4)				0	C
φ	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5	-10)		97,973,21	.1	94,887,310
Expenses	<b>16</b> a	Profession	onal fundraising fees (Part IX, colu	mn (A), line 11e)				0	C
e di	b	Total fund	raising expenses (Part IX, column (D),	line 25) ▶5,722,552					
ū	17	Other ex	penses (Part IX, column (A), lines	11a-11d, 11f-24e)			90,617,09	94	87,080,932
	18	Total exp	penses. Add lines 13–17 (must equ	ual Part IX, column (A), line 25)			260,014,74	-5	257,878,609
	19	Revenue	less expenses. Subtract line 18 fr	om line 12			27,814,07	'3	47,652,767
Net Assets or Fund Balances						Beginning	of Current Ye	ar	End of Year
sets alan	20	Total acc	ets (Part X, line 16)				1,412,767,57	78	1,432,118,020
AB	l		oilities (Part X, line 26)		•		313,613,27		311,814,485
Z Š	l		ts or fund balances. Subtract line		•		1,099,154,30		1,120,303,535
	rt II		ature Block				-,,		_,,
Jnder	pena	alties of p	erjury, I declare that I have exam	nined this return, including accompa					
knowl any ki			ef, it is true, correct, and complete	e. Declaration of preparer (other the	an office	r) is based o	on all informat	ion of w	hich preparer has
,		1.							
		*****	* ure of officer			202 Dat	21-05-11		
Sign		, -				Da			
Here			ca Vazquez-Skillings VP for Finance & A or print name and title	dmin					
		17	Print/Type preparer's name	Preparer's signature	Dat	e I	_ Гот	IN	
Paic	1	['	Vie - Er - Earler o Harrio			Chi	eck 🗀 if   PO	1247672	
Prep		ar	Firm's name RSM US LLP	1			f-employed m's EIN ► 42-0	714325	
Use		I .	Samuel adding to the control of the	2200			**		
JJE	UII	'' <b>y</b>   F	Firm's address <b>&gt;</b> 30 S Wacker Drive Ste	3300		Ph	one no. (312) 63	34-3400	
			Chicago, IL 60606						
May t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)				√ v.	es 🗆 No

Cat. No. 11282Y

Form **990** (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2019)					Page <b>2</b>
Pa	nt III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the	organization's mission:				
SEE :	SCHEDULE O					
2	Did the organization	undertake any signific	ant program ser	vices during the year wh	ich were not listed on	
	the prior Form 990 o	or 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O.			
3	Did the organization	cease conducting, or r	make 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) ar		ons are required	to report the amount of	argest program services, as mea f grants and allocations to others	
4a	(Code:	) (Expenses \$	234,825,778	including grants of \$	75,910,367 ) (Revenue \$	200,140,422 )
	See Additional Data					
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
	-					
4d	Other program servi	ices (Describe in Sched	lule O.)			
	(Expenses \$	•	cluding grants of	\$	) (Revenue \$	)
4e	Total program ser	vice expenses ►	234,825,7	78		
	-		•			Form <b>990</b> (2019)

Form	990 (2019)			Page <b>3</b>
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😼	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

 $\mathbf{b}$  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

20b

21

Yes

Form	990 (2019)			Page <b>4</b>
Pai	Checklist of Required Schedules (continued)			
			Yes	No
	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	22	Yes	
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	
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	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	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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			
	Entrophic manufacture Day 2 (Entrophic Paris)		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 832  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Yes	

01111	Chatamanta Barandina Othan IDC Filings and Tay Compliance (continued)			rage 3
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
				N -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	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?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

		· · · · · · · · · · · · · · · · · · ·			
Pai	rt VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	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 33			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or or committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 32			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did th	ne organization have members or stockholders?	6		No
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:			
	_	overning body?	8a	Yes	
b		committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the dization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	Code		
				Yes	No
		ne organization have local chapters, branches, or affiliates?	10a		No
	and b	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	form?		11a		No
		ibe in Schedule O the process, if any, used by the organization to review this Form 990		.,	
		ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	confli		12b	Yes	
	Sched	ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13		ne organization have a written whistleblower policy?	13	Yes	
14		ne organization have a written document retention and destruction policy?	14	Yes	
15	perso	ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		rganization's CEO, Executive Director, or top management official	15a	Yes	
Ь		officers or key employees of the organization	15b	Yes	
16a	Did th	s" to line 15a or 15b, describe the process in Schedule O (see instructions).  ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b	If "Ye	le entity during the year?	16a		No
		nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	16b		
		C. Disclosure			
17	List th	ne states with which a copy of this Form 990 is required to be filed▶ OH			
18	Section only)	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
		Own website $\square$ Another's website $ olimits$ Upon request $\square$ Other (explain in Schedule O)			
19	Descr policy	ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest , and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records: ecca Vazquez-Skillings 70 N Professor St Oberlin, OH 44074 (440) 775-8460			- /-
					- / 4

<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours below dotted line)          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (B)  Average hours per week (list any hours below dotted line)          (C)  Average hours per week (list any hours per week list any hours per week (list any hours per week list an</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization and any related organizations for the order in which to list the persons above.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per below dotted line line average hours per below dotted line line line line average hours per below dot	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (A)  Name and title  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Part VII Section A. Officers, Direct	tors, Trustees	s, Key	Empl	loy€	es,	and	High	nest Compe	nsate	d Employees	(conti	inued)	rage <b>o</b>
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	one b	ox, t in of tor/t	t che unles ficer	eck moss persection and a	son	(D)  Reportab  compensat  from the  organizati  (W-2/109	tion e ion	(E) Reportable compensatior from related organizations (W-2/1099-	,	(F) Estima amount o compens from	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	, 3	MISC)		relat organiza	ed
See Additional Data Table													
_													
1b Sub-Total c Total from continuation sheets to P d Total (add lines 1b and 1c)	art VII, Section	Α.				<b>&gt;</b>		4,069,6	95		0		854,572
Total number of individuals (including of reportable compensation from the compensation from the compensation)	g but not limited	to thos					rece			00,000			
3 Did the organization list any former line 1a? If "Yes," complete Schedule										employee on		Yes	No
For any individual listed on line 1a, is organization and related organization individual	s the sum of repo ns greater than \$	ortable (	comp 0? <i>If</i>	ensa "Yes	ation	n and o	ther	compensatio	n from	the	3	Yes	
5 Did any person listed on line 1a receiservices rendered to the organization	ive or accrue cor	npensat	tion f	rom	any	unrela			or indi	vidual for	5	Yes	No No
Section B. Independent Contract				_	_						<b>'</b>	•	
Complete this table for your five high from the organization. Report compe	est compensate nsation for the c	d indep alendar	ender year	nt co end	ntra ling	actors with o	that r wit	received mor thin the organ	e than izatior	\$100,000 of cor o's tax year.	npens	sation	
	(A) and business addre	ess							Desc	(B) ription of services		(C Comper	
Bon Appetit Management Co								Food	Service	25		5	,875,390
100 Hamilton Ave Suite 300 Palo Alto, CA 94301													
Taft Stettinius Hollister LLP					Attor	ney			2	,438,531			
1200 Public Sq Suite 3500 Cleveland, OH 44114													212 511
Charles Schulz Building Co Inc 4519 Brookpark Rd								Cons	tructior	l		2	,313,511
Parma, OH 44134 Wickens Herzer Panza Cook & Batista Co								Attor	nev			1	,403,286
35765 Chester Rd								Accor	,			•	,,200
Avon, OH 44011 Industrial First Inc				—	—			Roof	Contra	ctor		1	,327,563
25840 Miles Rd													
Bedford, OH 44146													

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 ▶ 43

		(2019)								Page <b>9</b>
Part	VIII				rocno	unce or note to any	/ line in this Part VIII			П
		Check ii Sched	uuie	O contains a	respo	nise of note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	aigns	5	1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ı	<b>b</b> Membership due:	s.	. [	1b					
Gra nou	١,	c Fundraising even	nts .		1c					
IS, (		<b>d</b> Related organiza		Ļ	1d					
Gif ilar		e Government grants		_	1e	2,848,468				
ns,	١,	F All other contribution	ons, c	ifts, grants,	<sub> </sub>					
ë		and similar amounts above			1f	36,064,504				
혈통		g Noncash contribution lines 1a - 1f:\$	ons in	ncluded in	.					
Contributions, Gifts, Grants and Other Similar Amounts				L	1g	2,367,306				
<u>ۃ ت</u>		<b>h Total.</b> Add lines	1a-1	.f	•	•	38,912,972			
						Business Code	161 002 010	161 002 010		
a.	2a	Tuition and Fees				900099	161,893,919	161,893,919		
Program Service Revenue	b	Residential & Dining	Servi	ces		900099	31,523,421	31,523,421		
vice R	c	Educational Activities	3			900099	5,827,330	5,827,330		
n Ser	d	Auxiliary Services				900099	481,468			481,468
rogra	е	Summer Conference	Prog	ram		900099	408,705	408,705		
-	f	All other program	serv	ice revenue.			5,579			5,579
	g	Total. Add lines 2	2a-2	2f	<b>&gt;</b>	200,140,422				
	3	Investment income	(inc	luding divide		nterest, and other	2 045 10	7	-544,952	3,590,059
		similar amounts). Income from invest			· nnt ha	and proceeds	3,045,10	<u> </u>	-544,932	3,390,039
						•	•	1		
		•		(i) Real		(ii) Personal				
	6-	Gross rents	6a		22 520					
		b Less: rental				,	-			
		expenses	6b		26,219	)				
	С	Rental income or (loss)	6c		7,301					
	d	Net rental income					7,30	1		7,301
		(i) Securities				(ii) Other				
	7a Gross amount from sales of assets other than inventory		119,4	28,742	2					
	b	Less: cost or other basis and sales expenses	7b	56,0	03,168	3				
	c	Gain or (loss)	7c	63,4.	25,574	ı				
		Net gain or (loss)				· · · •	63,425,57	4		63,425,574
Other Revenue	8a	Gross income from fu (not including \$ contributions reporte		of						
e v		See Part IV, line 18			8a					
Œ.		Less: direct expen			8b					
the th	C	: Net income or (los	ss) fi	rom fundraisii	ng eve	ents				
	9a	Gross income from	gam	ing activities.						
		See Part IV, line 19	•		9a					
		Less: direct expen			9b					
	C	: Net income or (los	ss) fi	rom gaming a	activiti	ies 📂	_			
	10a	Gross sales of inve								
		returns and allowa	ance	s	10a					
		Less: cost of good			10b					
	C	Net income or (los Miscellaneo			nvent	ory ► Business Code				
	11		us K	Cvenue		Pasiliess Code				
	b									
								<u> </u>		
	c	1								
		All other revenue								
	e	<b>Total.</b> Add lines 1	1a-:	11d		•				
	12	<b>Total revenue.</b> S	ee ii	nstructions .			305,531,37	6 199,653,375	-544,952	67,509,981
							1 303,331,37	-1 1000,070	344,932	Form <b>990</b> (2019)

	n 990 (2019)				Page <b>10</b>
Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omploto all columns	All other organization	ns must complete celu	ımn (A)
	Check if Schedule O contains a response or note to an		=	ns must complete colu	ППП (A).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	123,034	123,034		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	73,063,864	73,063,864		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,723,469	2,723,469		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,432,531	1,040,672	2,090,525	301,334
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	65,308,043	60,362,721	2,264,145	2,681,177
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,200,693	5,705,871	254,621	240,201
9	Other employee benefits	14,760,775	13,161,398	874,777	724,600
10	Payroll taxes	5,185,268	4,769,455	224,287	191,526
11	Fees for services (non-employees):				
ā	Management				
i	Legal	1,953,164		1,953,164	
(	Accounting	169,369		169,369	
(	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,821,008		1,821,008	
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	9,287,894	8,725,624	351,938	210,332
14	Information technology	1,801,759	1,801,759		
15	Royalties				
16	Occupancy	14,740,247	14,740,247		
17	Travel	2,234,454	1,701,243	326,958	206,253
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	7,879,621	7,879,621		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,212,490	22,212,490		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Facilities Expense	4,024,906	1,575,624	1,713,760	735,522
	<b>b</b> Study Away Porgrams	3,940,577	3,940,577		
	c Instruction Expense	2,828,483	2,828,483		
	d Annuity & RLIF Payments	2,006,947		2,006,947	
	e All other expenses	12,180,013	8,469,626	3,278,780	431,607
25	Total functional expenses. Add lines 1 through 24e	257,878,609	234,825,778	17,330,279	5,722,552
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).				
	Check here ► Lit tollowing SUP 98-2 (ASC 958-720).				

Form 990 (2019)

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Other assets. See Part IV, line 11 . . .

Tax-exempt bond liabilities . . .

Accounts payable and accrued expenses .

(B)

End of year

Page **11** 

8,819,692

106,023,321

16,469,837

4,989,432

13.872.170

274.910

1,886,325

356,205,802

557,703,777

357,919,426

1,432,118,020

98,351,822

87,403,648

14,859,607

96.699.100

14,429,832

311.814.485

208.394,693

911,908,842

1,120,303,535

1,432,118,020

Form 990 (2019)

70.476

7,953,328

Check if Schedule O contains a response or note to any line in this Part IX				
		В	egin	(/
		0	egiii	111111

Cash-non-interest-bearing . . . . . . Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . . Inventories for sale or use . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation

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

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

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

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

Investments—publicly traded securities .

10a 10b Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11 .

790,133,995

433,928,193 **Total assets.** Add lines 1 through 15 (must equal line 34) .

Beginning of year

7,161,109

77,974,598

9,826,782

4.708.554

14.048.676

265.157

1,772,547

365,026,407

585,987,817

336,221,777

1,412,767,578

90,837,482

460.059

175,032,961

11,387,933

21,020,000

14,874,835

313.613.270

226,721,752

872,432,556

1,099,154,308

1,412,767,578

9,774,154

1

2

3

4

5

6

7

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

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

3a

3b

Yes

Yes (2019)

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?

#### **Additional Data**

Software ID:

**Software Version:** 

EIN: 34-0714363

Name: Oberlin College

Form 990 (2019)

Form 990 Part III Line

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 2,837 full-time equivalent undergraduate students, awarding scholarships to 2,434 of them. The average student received \$30,636 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) (B) (C) (D) (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 compensation from the from related any hours and a director/trustee) organization organizations from the

and Independent Contractors

Rebecca D Vazquez-Skillings

Donica Varner

Harry N Hirsch

William Quillen

Manuel Carballo

John V Duca

Professor

Professor

VP for Finance & Administration

VP, General Counsel & Secretary

.......

Interim Dean of Conservatory

VP and Dean of Admin. & Fin. Aid

......

1								1 (1) (1)	(11)	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	ıv	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Carmen Twillie Amber President	40.00	Х		х				480,401	0	162,841
Jun Yang Chief Investment Officer	40.00			х				383,485	0	1,846
Timothy E Elgren	40.00						Х	320,082	0	36,967

103,200

47,932

52,419

35,260

50,467

49,829

18,340

0

0

0

0

0

0

0

234,311

196,811

207,291

186,388

179,876

202,774

Х

Х

Х

Χ

-			Ιx			383,485	
Chief Investment Officer	0.00					,	
Timothy E Elgren	40.00						
					Х	320,082	
Dean of Arts & Sciences (Former)	0.00					,	
David Kamitsuka	40.00						
			Х			237,377	
Dean of Arts & Sciences	0.00					,	

40.00

0.00 40.00

0.00 40.00

0.00 40.00

0.00 40.00

0.00

0.00

.......

. . . . . . . . . . . . . . . . . .

(A) (B) (C) (D) (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 compensation from related any hours and a director/trustee) organization organizations from the

	arry riours	unu	u un	CCCC		usice,	′	(11/ 2/1000	(14/ 2/4 200	1 110111 (110
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Jeffrey Witmer Professor	40.00					x		174,539	0	41,328
Steven F Wojtal Professor	40.00					х		165,483	0	48,298
Meredith L Raimondo Vice President/Dean of Students	40.00				х			174,240	0	38,811
Benjamin R Hockenhull	40.00					Х		181,019	0	30,437

Χ

Х

Χ

Χ

Χ

Χ

180,350

147,653

145,220

115,202

114,156

43,037

0

0

0

0

0

0

29,803

27,699

15,845

36,922

26,142

186

Steven i Wojtai				l x	165,483	
Professor	0.00				100/100	
Meredith L Raimondo	40.00					
			Х		174,240	
Vice President/Dean of Students	0.00				, ,	
Benjamin R Hockenhull	40.00					
Derijanim K nockemian				×	181,019	
Chief Information Technology Officer	0.00				101,013	

0.00

0.00 40.00

0.00 40.00

0.00 40.00

0.00 40.00

0.00 40.00

0.00

.......

. . . . . . . . . . . . . . . . . .

and Independent Contractors

Mary Jo Diekman

William E Barlow

Rachel Smith Silver

Heidi Pycraft

Clayton R Koppes

Nicole Addington

Interim President (Former)

Associate VP for Finance

Controller

Associate VP for Finance (Former)

VP of Dev. & Alumni Affairs (Former)

Interim VP of Dev. & Alumni Affairs

......

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other

and Independent Contractors

T Christopher Canavan

Trustee/Chair

Motoko T Deane

Steve J Dolcemaschio

Francisco X Dominguez

Amy Chen

Trustee

Trustee

Trustee

	week (list any hours				r/tr	office ustee)		from the organization	from related organizations	compensation 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
Aliyah Abu-Hazeem Trustee	2.00	Х						0	0	C
Charles S Birenbaum	2.00	х						0	0	
Trustee	0.00									

		X	l		1 0	0	
Trustee	0.00						
Charles S Birenbaum	2.00	Х			0	0	
Trustee	0.00				Ĭ		
Robin Black	2.00	V				0	
Trustee	0.00	X			0	U	
Richard T Brandt	2.00	X			0	0	

Trustee	0.00							
Robin Black	2.00	Х				0	0	0
Trustee	0.00						3	
Richard T Brandt	2.00	X				0	0	0
Trustee	0.00						•	
Brian Cabral	2.00							
		X				l 0	0	0

_
0
0
0
_

0

0

0

0

0

8.00

0.00 4.00

0.00 2.00

0.00 4.00

0.00 2.00

0.00

.....

......

Χ

Х

Χ

Χ

Χ

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

	any hours	and	a dir	ecto		ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
Lillie Johnson Edwards	4.00	Х						0	0	0	
Trustee	0.00								-		
Ify Ezimora Trustee	2.00	Х						0	0	0	
Kevin Flanigan Trustee	2.00	Х						0	0	0	

0

0

0

0

0

0

0

2.00 ......

> 0.00 2.00

0.00 2.00

0.00 2.00

0.00 2.00

0.00 2.00

0.00 2.00

0.00

. . . . . . . . . . . . . . . . . .

.......

......

Χ

Χ

Χ

Х

Χ

Χ

Χ

ıry Ezimora	
Trustee	
Kevin Flanigan	
Trustee	
Sean P Gavin	
Trustee	

Jacob A Gayle

Frederick Haas

Edward P Helms

Charlene Drew Jarvis

Michael E Kamarck

Eric R Katzman

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

and Independent Contractors

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

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Lisa Waller

Molly Raphael

Patricia Shanks

David Shipley

Leanne Wagner

	any hours	and	a dir	recto	or/tr	ustee)	)	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
Lee Koonce Trustee	2.00	Х						0	0	0
David Krischer Trustee	4.00 0.00	Х						0	0	0
Hozefa Lokhandwala Trustee	2.00	Х						0	0	0
Chesley Maddox-Dorsey	8.00									

0

0

0

0

0

0

0

0

		Х			0	
Trustee	0.00					
Hozefa Lokhandwala	2.00	v			0	
Trustee	0.00	^			J	
Chesley Maddox-Dorsey	8.00	V			0	
Trustee	0.00	Χ				
Minsok Pak	2.00					

0.00 4.00

0.00 2.00

0.00 2.00

0.00 4.00

0.00 2.00

0.00

......

......

Χ

Χ

Х

Χ

Χ

Χ

and Independent Contractors (A) Name and Title

Jay Whitacre

Georgia Yuan

Anne Cheae

Trustee (Until 9/28/19)

Trustee

Trustee

nours per week (list any hours for related organization below dotte line)
2.
 0.
4.
 0.

(B)

Average

.00 ... .00 .00 .00 2.00

. . . . . . . . . . . . . . . . . .

0.00

than one box, unless person is both an office and a director/trustee)						
Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee		
Х						
Х						
X						

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

Χ

(C)

Position (do not check more

Reportable compensation from the organization (W- 2/1099-MISC)

(D)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

efile GRAPHIC print - DO NO		nt - DO NOT PROCESS	- DO NOT PROCESS As Filed Data -			DLN: 93493131038341			
SCI		ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047	
/TE 000				rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3)	organization o		2019	
´			► Go to <u>www.irs</u>	► Attach to Form ! s.gov/Form990 for i	990 or Form 99	00-EZ.	ormation.	Open to Public Inspection	
Nam		ne organiza	tion				Employer identific		
ОВСІП	T Conce						34-0714363		
	rt I		for Public Charity State				See instructions.		
1 1	rganiz		a private foundation because	•	•		(A)(:)		
		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
2	<b>✓</b>				`	, ,			
3	Ш	·	or a cooperative hospital serv	-			-		
4		A medical r name, city,	esearch organization operat and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's	
5		_	ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>	
6		A federal, s	state, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).		
7			ation that normally receives <b>'0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	init or from the genera	al public described in	
8		A communi	ty trust described in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ural research organization de rant college of agriculture. S					ege or university or a	
10		from activit investment	ation that normally receives: ties related to its exempt fur income and unrelated busin See <b>section 509(a)(2).</b> (Co	nctions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross	
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).		
12		more public	ation organized and operated cly supported organizations of a through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a		
a		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by		
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar			• • • • • • • • • • • • • • • • • • • •	~	
С		Type III f	unctionally integrated. A sorganization(s) (see instruction	supporting organizatio				ted with, its	
d		Type III n	non-functionally integrated integrated integrated. The organization in You must complete Pai	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar		
e			box if the organization receiver Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally	
f	Enter	the number	of supported organizations				<u> </u>		
g			ing information about the su	<del>'''                                  </del>	т'		<u> </u>		
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
Tota			tion Act Notice, see the I		Cat. No. 11285		 Schedule A (Form 9		

P	art II Support Schedule for						
	(Complete only if you cl If the organization faile						under Part III.
S	ection A. Public Support	a to quality arrac	T the teets listed	a belotty picase			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	39,365,045	24,750,983	23,752,343	23,083,097	38,912,972	149,864,440
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	39,365,045	24,750,983	23,752,343	23,083,097	38,912,972	149,864,440
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						3,202,422
6	amount shown on line 11, column (f) <b>Public support.</b> Subtract line 5						146 662 019
	from line 4.						146,662,018
	ection B. Total Support  Calendar year	1	ı				
	(or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	39,365,045	24,750,983	23,752,343	23,083,097	38,912,972	149,864,440
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,854,092	2,688,437	2,297,486	3,333,624	3,623,579	16,797,218
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						166,661,658
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	974,057,028
13	First five years. If the Form 990 is f	or the organization	's first, second, th	ird. fourth, or fifth	tax vear as a sect	ion 501(c)(3) orga	
	check this box and <b>stop here</b>					_	_
S	ection C. Computation of Publi						
	Public support percentage for 2019 (I			column (f))		14	88.000 %
	Public support percentage for 2018 S					15	85.620 %
<b>16</b> a	33 1/3% support test-2019. If the	e organization did ı	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this I	box
b	and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
b	organization	st—2018. If the o	rganization did no facts-and-circums	t check a box on li tances" test, check	ne 13, 16a, 16b, o this box and <b>stop</b>	r 17a, and line here.	▶□
18	supported organization Private foundation. If the organizat	ion did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	_
	instructions		<u> </u>			A (Faure 000	▶□

Р	art III Support Schedule for						
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)						
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> 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.

3a 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.

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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

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 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its 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 the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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

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

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," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
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	-		
2	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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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?	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			
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 <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	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		
ı	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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 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		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<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	3		
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	7		
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		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in <b>Part VI</b> ). See instruction			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019

7 Total annual distributions. Add lines 1 through 6.				
o∨ide				
10 Line 8 amount divided by Line 9 amount				
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019			
derdistributions	Distributable			
0	vide			

8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			

e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019. . . . .

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015. . . . .

**b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . .

Schedule A (Form 990 or 990-EZ) (2019)

### **Additional Data**

#### Software ID: Software Version:

**EIN:** 34-0714363

Name: Oberlin College

Schedule A (Form 990 or 990-EZ) 2019

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).

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).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493131038341

OMB No. 1545-0047

2019

# **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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

	me of the organization		Employer identification number
ODE	Till College		34-0714363
Pa	organizations Maintaining Donor Advi		Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year	(a) Denote administration	(2) t annue annu conten deceanite
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 adviso organization's property, subject to the organization's experience.	ors in writing that the assets held in donor advi	ised funds are the
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	onor advisors in writing that grant funds can be r or donor advisor, or for any other purpose co	e used only for
Pa	rt II Conservation Easements.  Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
Ĺ	Purpose(s) of conservation easements held by the orga	enization (check all that apply).	
	Preservation of land for public use (e.g., recreatio	on or education) $\square$ Preservation of an h	nistorically important land area
	☐ Protection of natural habitat	$\Box$ Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the form	n of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histor	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished, or terminated by th	ne organization during the
1	Number of states where property subject to conservation	on easement is located 🕨	
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		
5	Staff and volunteer hours devoted to monitoring, inspec		☐ <b>Yes</b> ☐ <b>No</b> servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting,  \$ \bigset\$ \$	, nandling of violations, and enforcing conserva	ition easements during the year
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$ ?		D(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the	e footnote to the organization's financial statem	se statement, and
ar	the organization's accounting for conservation easemer t III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Ye If the organization elected, as permitted under SFAS 1.1		
La	art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, education, or research in fur	
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items:		
(	i) Revenue included on Form 990, Part VIII, line 1		▶\$ 25,150
	i)Assets included in Form 990, Part X		
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	ical treasures, or other similar assets for financ	
а	Revenue included on Form 990, Part VIII, line 1	, ,	▶\$
b	Assets included in Form 990, Part X		

Cat. No. 52283D

Schedule D (Form 990) 2019

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

 ${f b}$  Buildings . . . .

 ${f c}$  Leasehold improvements

d Equipment . . . .

Sche	edule D	(Form 990) 2019										Page <b>2</b>
Par	t 1111	Organizations Ma	aintaining Col	lections o	f Art, H	istorical 1	Treas	ures, or (	Other	Similar A	ssets (	continued)
3	Using items	g the organization's acqu s (check all that apply):	uisition, accessior	n, and other	records,	check any o	f the fo	ollowing tha	at are a	significant (	use of its	s collection
а	✓	Public exhibition				d 🗸	Loar	or exchan	ge prog	ırams		
b	<b>✓</b>	Scholarly research				e 🗌	Othe	er				
С	<b>✓</b>	Preservation for future	generations									
4	Provi Part :	de a description of the o	organization's coll	lections and	explain h	ow they fur	ther th	e organizat	ion's ex	kempt purpo	se in	
5		ng the year, did the orga s to be sold to raise fun									□ Ye	es 🗹 No
Pa	rt IV	Escrow and Custon Complete if the org X, line 21.			' on Forr	n 990, Par	t IV, I	ine 9, or r	eporte	ed an amou		
1a		e organization an agent, ded on Form 990, Part >									□ Ye	es 🗹 No
b	Τ <b>Ε</b> "∨4	es," explain the arrange	ment in Part VIII	and comple	te the fol	lowing table				Δ	mount	
c		nning balance		· ·		-			1c		ounc	
d	_	ions during the year .							1d			
е		ibutions during the year							1e			
f		ng balance							1f			
2a	Did t	he organization include	an amount on Fo	rm 990. Par	t X. line 2	1. for escro	w or cu	ــــ ustodial acc	ount lia	bility?	√ v <sub>e</sub>	es 🗆 No
b		es," explain the arrange									_	.s 🗀 NO
_	rt V	Endowment Fund		· Oneck mer	· · · · · · ·	prarracion						
		Complete if the org		ered "Yes	on Forr	n 990, Par	t IV, I	ine 10.				
				(a) Currer		(b) Prior ye				(d) Three ye		(e) Four years back
	_	ning of year balance .			,604,230	· · · · · · · · · · · · · · · · · · ·	56,355		945,114		,148,709	814,003,228
		butions			,001,895	•	29,532 32,360		001,409 147,231		,382,089	14,676,874 -35,665,275
		vestment earnings, gain				· · · · · · · · · · · · · · · · · · ·		·	·	,		
		or scholarships		12	,181,881	11,60	53,904	11,	844,320	11,	,973,623	11,928,644
	and pr	expenditures for facilitie ograms	es	28	,205,834		29,001		018,740		,761,737	27,937,474
		istrative expenses .			209,351		31,112		264,339		575,844	
g		year balance			,576,784	· · · · · · · · · · · · · · · · · · ·	04,230	<u> </u>	966,355	819,	,945,114	753,148,709
2		de the estimated percer	-	•	balance	(line 1g, col	umn (a	a)) held as:				
а		d designated or quasi-er		14.740 %								
b	Perm	anent endowment >	33.620 %									
С		porarily restricted endov	*****************	30 %								
<b>-</b>		percentages on lines 2a,				<b></b>	l I -I					
3a		here endowment funds nization by:	not in the posses	sion of the o	organizati	on that are	neid ar	na aaminist	егеа го	rtne		Yes No
	<b>(i)</b> u	nrelated organizations									3	a(i) No
		elated organizations .									38	a(ii) No
		es" on 3a(ii), are the rel										3b
4		ribe in Part XIII the inte			n's endow	ment funds	•					
Pa	rt VI	Land, Buildings, Complete if the ord			' on Forr	m 000 Par	+ T\/	ine 11a 9	Soo Eco	m 000 Pa	rt V lir	na 10
	Descr	iption of property	(a) Cost or oth			or other basis						(d) Book value
		, , , , , , , , , , , , , , , , , , , ,	(investme				,					
1a	Land					8,	127,703	1				8,127,703

503,219,874

234,689,727

44,096,691

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

249,006,026

184,922,167

254,213,848

49,767,560

44,096,691

	Complete if the organization answered "Yes" on (a) Description of security or category	Form 990, Part IV, line 1 (b) Book value	1b.See Form 990, I	d of valuation:
	(including name of security)	(5) BOOK VAIUE		year market value
<ul><li>(1) Financial</li><li>(2) Closely-I</li></ul>	l derivatives  neld equity interests			
(3) Other	eld in trust by Others	17,883,502		F
	Resources Investments	14,219,555		F
	Capital and Other Alternative Investments	325,816,369		F
(D)				<del></del>
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	357,919,426		
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on I	Form 990, Part IV, line 1	1c. See Form 990,	Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
			I	İ
Total. (Columi	n (b) must equal Form 990, Part X, col.(B) line 13.)		<b>•</b>	
	Other Assets.	orm 000 Part IV line 1:	▶	V line 45
				t X, line 15.  (b) Book value
Part IX	Other Assets. Complete if the organization answered 'Yes' on F			
Part IX (1)	Other Assets. Complete if the organization answered 'Yes' on F			
(1) (2)	Other Assets. Complete if the organization answered 'Yes' on F			
(1) (2) (3)	Other Assets. Complete if the organization answered 'Yes' on F			
(1) (2) (3) (4)	Other Assets. Complete if the organization answered 'Yes' on F			
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes' on F			
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes' on F			
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes' on F			
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes' on F			
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)	n		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.		Ld. See Form 990, Pai	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columpart X	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)	orm 990, Part IV, line 1:	Ld. See Form 990, Pai	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal i	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1:	Ld. See Form 990, Pai	(b) Book value    Part X, line 25.   Part X, line 2
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X)  1. (1) Federal in (2) Annuity (3)	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1:	Ld. See Form 990, Pai	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal is (2) Annuity (3)	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1:	Ld. See Form 990, Pai	(b) Book value    Part X, line 25.   Part X, line 2
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) Annuity (3) (4)	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1:	Ld. See Form 990, Pai	(b) Book value    Part X, line 25.   Part X, line 2
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal in (2) Annuity (3) (4) (5)	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1:	Ld. See Form 990, Pai	(b) Book value    Part X, line 25.   Part X, line 2
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X)  1. (1) Federal in (2) Annuity (3) (4) (5) (6)	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1:	Ld. See Form 990, Pai	(b) Book value    Part X, line 25.   Part X, line 2
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colu) Part X  1. (1) Federal i (2) Annuity (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1:	Ld. See Form 990, Pai	(b) Book value    Part X, line 25.   Part X, line 2
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X)  1. (1) Federal in (2) Annuity (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1:	Ld. See Form 990, Pai	(b) Book value    Part X, line 25.   Part X, line 2
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X)  1. (1) Federal in (2) Annuity (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1:	Ld. See Form 990, Pai	(b) Book value    Part X, line 25.   Part X, line 2
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal in (2) Annuity (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1:	Ld. See Form 990, Pai	(b) Book value    Part X, line 25.   Part X, line 2

2

3

4

b

C 5

1 2

C

d

b

5

Part XIII

See Additional Data Table

3 4

Part XII

Schedule D (Form 990) 2019

Page 4

-17,025,475

2,835,032

178,549,756

79,328,853

257.878.609

Schedule D (Form 990) 2019

С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,403,609		
e	Add lines 2a through 2d			2e	

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

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.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Total expenses and losses per audited financial statements . . . . . .

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:

Subtract line 2e from line 1 . . . . . . . . . .

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

Supplemental Information

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 . . .

Donated services and use of facilities . . . . . .

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

Donated services and use of facilities . .

Prior year adjustments . . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

-20.429.084

2,835,032

1,821,008

77.507.845

2e

3

4c

5

2a

2b

2a 2b

2c

2d

4a

4b

Explanation

217,486,902

nts included on Form 990, Part VIII, line 12, but not on line 1:				
ment expenses not included on Form 990, Part VIII, line 7b .	4a	1,821,008		
(Describe in Part XIII.)	4b	86,223,466		
nes <b>4a</b> and <b>4b</b>			4c	88,044,474
revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		 	5	305,531,376
<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered 'Yes' on Form 990, Par		penses per l	Returi	n.
expenses and losses per audited financial statements		 	1	181,384,788

chedule D (Forn	hedule D (Form 990) 2019 Page	
Part XIII Supplemental Information (continued)		rmation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2019

## **Additional Data**

Software ID: Software Version:

EIN: 34-0714363
Name: Oberlin College

Supplemental Informati

upplemental Information				
Return Reference	Explanation			
Part III, Line 1a:	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 roperty, plant and equipment and a corresponding increase in net assets in the statements 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 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.

Supplemental Information	
Return Reference	Explanation
	In addition to funds from student organizations, the College maintains agency funds for various purposes including fellowships funded by outside foundations.

S

upplemental 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 spending 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 dependable 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 predictability and stability of endowment spending essential for long-range planning.					

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-ex empt 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 m aterial to the financial statements. As of June 30, 2020, the College's income tax years f rom 2016 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 2,932,387. Rental Expenses net ted with Rental Revenue 26,219. Change in Annuity Obligation 445,003.

S

Supplemental Information	
Return Reference	Explanation
Adjustments:	Change in Interest Rate Swap liability 8,715,621. Student Financial aid, which was shown a s a reduction of tuition revenue in Consolidated AFS but as an expense in Part IX of Form 990 75,766,333. Redesignated Funds 1,741,512.

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments:	Expenses of Affiliates that was included in consolidated AFS 5,004,975. Rental Expenses Ne tted with Rental Revenue 26,219. Post-Retirement Benefit Obligation Adjustment -2,092,544.

Supplemental Information					
Return Reference	Explanation				
Part XII, Line 4b - Other Adjustments:	Student Financial aid, which was shown as a reduction of tuition revenue in 75,766,333. Co nsolidated AFS but as an expense in Part IX of Form 990 Redesignated funds 1,741,512.				

s

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131038341 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, 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 information. Inspection Department of the Treasury Namel & the cospanization **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, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 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: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . . 5g Νo 5h No 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? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)						
<b>Part II Supplemental Information.</b> 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 F (Form 990 or 990-F7) (2019)

SCHEDULE F	State	ement of A	Activities (	Outside the Un	ited S	tates	OMB No. 1545-0047	
(Form 990) Department of the Treasury	► Comp	lete if the organization answered "Yes" to Form 990, Part IV, line 14b, 1  Attach to Form 990.  Go to www.irs.gov/Form990 for instructions and the latest informatio				5, or 16.	2019 Open to Public	
Internal Revenue Service							Inspection	
Name of the organization Oberlin College						Employer iden	itification number	
j						34-0714363		
	<b>nformation</b> Part IV, line		Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes" on	
•	the grantees'	eligibility for th	e grants or assi	substantiate the amoun stance, and the selectior	_		☑ Yes ☐ No	
2 For grantmakers outside the United		Part V the orga	anization's proce	dures for monitoring the	e use of its	s grants and ot	her assistance	
3 Activites per Region	n. (The followi	ng Part I, line 3 t	table can be dupli	cated if additional space is	s needed.)	İ		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of s) in the region	(f) Total expenditures for and investments in the region	
See Add'l Data								
3a Sub-total b Total from continuat	ion sheets to	2	0				331,749,426	
Part I	and 3h)	2					497,681 332,247,107	
		_	-1	l	1		332,247,107	

Cat. No. 50082W Schedule F (Form 990) 2019

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

Part III can be du				(-) M	(6) A 6	(-) Description	(I-) Mathadas
Гуре of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sched	dule F (Form 990) 2019		Page <b>4</b>
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).	☐Yes	<b>☑</b> No

Schedule F (F	orm 990) 2019 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.  LILE F, Supplemental Information
Return Reference	Explanation
11	

Return Reference	Explanation
Part I, Line 2:	The College ensures that its grants are used for educational purposes by applying the financial aid awards directly to the students' accounts for those students that study abroad in the College's London and Italy programs.

990 Schedule F, Supplemental Information

Return Reference Explanation

Part III Accounting Method:

## **Additional Data**

Europe (Including Iceland &

Greenland)

## Software ID: Software Version:

**EIN:** 34-0714363

Name: Oberlin College

33,398,867

Form	990	Schedule F	Part I -	<b>Activities</b>	Outside	The	<b>United States</b>	
		ociicaaic i		ACCIVICIOS	O a coluc		Ollicea Otaces	

(a) Region	offices in the region	employees or agents in region	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		292,721,869

o 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 in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) North America 0 INVESTMENTS 1,980,547 Central America and the 0 PROGRAM SERVICES STUDY ABROAD 54,886 Caribbean PROGRAMS

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 in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Fast Asia and the Pacific 0 PROGRAM SERVICES STUDY ABROAD 746,324 IPROGRAMS Europe (Including Iceland & 0 PROGRAM SERVICES STUDY ABROAD 2,551,655 Greenland) 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 in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Middle Fast and North Africa 0 PROGRAM SERVICES STUDY ABROAD 37,669 IPROGRAMS North America 0 PROGRAM SERVICES STUDY ABROAD 257,609 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 in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Russia and Neighboring States 0 PROGRAM SERVICES ISTUDY ABROAD 130,103 IPROGRAMS South America 0 PROGRAM SERVICES STUDY ABROAD 255,130 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 in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) South Asia 0 PROGRAM SERVICES STUDY ABROAD 34,710 IPROGRAMS Sub-Saharan Africa 0 PROGRAM SERVICES STUDY ABROAD 77,738 IPROGRAMS

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of assistance of cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) SCHOLARSHIPS 76,997 CREDIT TO Central America **IACCOUNT** and the Caribbean lAntiqua & Barbuda, Aruba, Bahamas, **SCHOLARSHIPS** 29 450.633 CREDIT TO East Asia and **IACCOUNT** lthe Pacific -Australia, Brunei, Burma, Cambodia.

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of (f) Amount of (q) Description of (h) Method of assistance of cash grant cash disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) 1,952,605 CREDIT TO SCHOLARSHIPS 136 Europe IACCOUNT (Including Iceland & |Greenland) -Albania, lAndorra. Austria, Belgiu 5,000 CREDIT TO SCHOLARSHIPS Middle East and IACCOUNT North Africa -Algeria, Bahrain, Djibouti, Egypt,

Form 990 Schedule	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)			
	North America - Canada and Mexico, but not the United States	2	,	CREDIT TO ACCOUNT						
	Russia and Neighboring States - Armenia, Azerbijan, Belarus,	4	,	CREDIT TO ACCOUNT						

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance of cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) SCHOLARSHIPS 10 87,642 | CREDIT TO South America -**IACCOUNT** Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador, SCHOLARSHIPS 70.978 CREDIT TO Sub-Saharan **IACCOUNT** Africa - Angola, Benin. Botswana, Burkina Faso.

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) SCHOLARSHIPS 15,000 CREDIT TO South Asia ACCOUNT

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131038341 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.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other</li></ul>						· -	5

(2) LaunchU Entrepreneurial Grants

The College ensures that its grants of student financial aid are used for the intended educational purpose by applying the awards directly 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 are awarded. Grantees are required to submit reports which indicate how the

Page 2

Schedule I (Form 990) 2019

21,000

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(4)

(5) (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

Return Reference

grant funds were spent.

Part I, Line 2:

Schedule I (Form 990) 2019

Part III

(2)

(3)

## **Additional Data**

Oberlin, OH 44074

		Software ID: Software Version:					
			• • 34-0714363				
			: Oberlin College				
Form 990,Schedule I, Part :	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Oberlin Fire Department 85 South Main Street Oberlin, OH 44074	34-6002073	State of Ohio	31,000				Payment 3 of 7 towards fire truck
Oberlin Community Services Center 285 South Professor Street	34-0907948	501c3	19,960				Green EDGE Fund Grant

(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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Oberlin Early Childhood Center 23-7313925 501c3 38.000 General Grant 317 East College Street

Oberlin, OH 44074 Providing Oberlin with 27-2327255 501c3 20.000

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

Oberlin, OH 44074

Green EDGE Fund Grant Efficiency Responsibly Inc 81 Locust St

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 (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 34-1571233 501c3 14.074 Western Reserve Land Green EDGE Fund Grant Conservancy

3850 Chagrin River Road Mooreland Hills, OH 44022

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	31038	341		
Sch	nedule J	Compensation Information						0047		
(For	m 990)	For certain Office	hest							
		► Complete if the orga		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2019				
Danar	tment of the Treasury	► Go to www.irs.go		to Form 990. instructions and the latest inforn	nation.	Openi				
-	al Revenue Service	r do to <u>irririnsiqo</u> i	101	motractions and the fatest morn		Insp	ectio	n		
	me of the organiza Orlin College	ation			Employer identifica	tion nu	ımber			
					34-0714363					
Pa	rt I Questi	ons Regarding Compensat	ion							
<b>1</b> a				the following to or for a person listed y relevant information regarding thes			Yes	No		
	☐ First-class	s or charter travel	<b>✓</b>	Housing allowance or residence for p	personal use					
	☐ Travel for	companions		Payments for business use of person	•					
	Tax idemi	nification and gross-up payments	; <u> </u>	Health or social club dues or initiation	on fees					
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauf	feur, chef)					
b				follow a written policy regarding pays		1b	Yes			
2				or allowing expenses incurred by all		2	Yes			
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lin	ne la?					
3	organization's C	EO/Executive Director. Check all	that apply. Do r	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i						
	✓ Compens	ation committee		Written employment contract						
		ent compensation consultant	<u> </u>	Compensation survey or study						
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	tion committee					
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a					
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a	Yes			
b	Participate in, o	r receive payment from, a supple	emental nonqual	ified retirement plan?		4b		No		
С			'	nsation arrangement?		4c		No		
	If tes to any t	or lines 4a-c, list the persons and	provide the app	meable amounts for each item in Part	. 111.					
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.						
5		ed on Form 990, Part VII, Sectior ontingent on the revenues of:		the organization pay or accrue any						
а		1?				5a		No		
b		anization?				5b		No_		
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of:		the organization pay or accrue any						
а	The organization	1?				6a		No		
b	, -					<b>6</b> b		No		
7	· ·	6a or 6b, describe in Part III.	. A. Bu - 4 - 1911	bla annulation more del	<b>.</b>					
7	payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes	n A, line 1a, did i ," describe in Pa	the organization provide any nonfixed rt III		7	Yes			
8	subject to the ir	nitial contract exception described	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de · · · · · · · · · · · · · · · · · · ·		8		No		
9				presumption procedure described in		9				
For F	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	0053T Schedule	(Forn	1 990)	2019		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compensation 0. Part VII.	n from the organization	n on row (i) and fro	om related organiza	tions, described i	n the		
<b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the total	al amount of	Form 990, Part VII, S	ection A, line 1a, a					
(A) Name and Title	<b>(B)</b> B	(B) Breakdown of W-2 and/or 1099-MISC compensation			( <b>D)</b> Nontaxable benefits	columns	(F) Compensation in	
	(i) Base compensat	(i) Base (ii) (iii) Other reportable compensation compensation		deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table				1				

Schedule J (Form 990) 2019	hedule J (Form 990) 2019						
Part III Supplemental Information							
Provide the information, explanation, or	r 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							
,	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.						
Part I, Line 4a	The following individuals received severance payment during calendar year 2019: Mary Jo Diekman - \$70,850 Timothy E. Elgren - \$191,127						
Part I, Line 7 The following individual received non-fixed payments recorded on Part II, Column B(ii). Jun Yang: Bonus/Incentive Compensation based on performance of the endowment of \$81,875.							

Schedule 1 (Form 990) 2019

**Software ID: Software Version:** 

> **EIN:** 34-0714363 Name: Oberlin College

Form 990, Schedule	e J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1Carmen Twillie Amber President	(i)	479,055	. 0	1,346	123,401	39,440	643,242	0
	(ii)	0	0	0	 0	0	0	0
<b>1</b> Jun Yang Chief Investment Officer	(i)	301,368	81,875	242	0	1,846	385,331	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> Timothy E Elgren Dean of Arts & Sciences	(i)	108,708	0	211,374	13,289	23,678	357,049	0
(Former)	(ii)	0	0	0	0	0	0	0
<b>3</b> David Kamitsuka Dean of Arts & Sciences	(i)	236,603	0	774	23,796	79,404	340,577	0
	(ii)	0	0	0	0	0	0	0
4 Rebecca D Vazquez-	(i)	234,041	0	270	11,985	35,947	282,243	0
Skillings VP for Finance & Administration	(ii)	0	0	0	0	0	0	0
<b>5</b> Donica Varner VP, General Counsel &	(i)	196,397	0	414	18,634	33,785	249,230	0
Secretary	(ii)	0	0	0	0	0	0	0
<b>6</b> Harry N Hirsch Professor	(i)	205,005	0	2,286	20,913	14,347	242,551	0
176,6556	(ii)	0	0	0	0	0	0	0
<b>7</b> William Quillen Interim Dean of	(i)	186,208	0	180	16,160	34,307	236,855	0
Conservatory	(ii)	0	0	0	0	0	0	0
8Manuel Carballo	(i)	179,707	0	169	15,352	34,477	229,705	0
VP and Dean of Admin. & Fin. Aid	(ii)	0	0	0	0	0		0
9John V Duca	(i)	202,000	0	774	17,501	839	221,114	0
Professor	(ii)	0	0	0	0	0	0	0
<b>10</b> Jeffrey Witmer Professor	(i)	173,501	0	1,038	18,507	22,821	215,867	0
Professor	(ii)	0	0	0	0	0	0	0
11Steven F Wojtal	(i)	163,643	0	1,840	17,713	30,585	213,781	0
Professor	(ii)	0					0	
12Meredith L Raimondo	(i)	173,884	0	356	16,502	22,309	213,051	0
Vice President/Dean of Students	(ii)	0					· · · · · · · · · · · · · · · · · · ·	
13Benjamin R Hockenhull	(i)	180,774	0	245	16,947	13,490	211,456	0
Chief Information Technology Officer	(ii)	0						
14Mary Jo Diekman	(i)	93,815	0	86,535	11,466	18,337	210,153	0
Associate VP for Finance (Former)	(ii)	0			0		0	
15William E Barlow	(i)	124,942	0	22,711	14,454	13,245	175,352	0
VP of Dev. & Alumni Affairs (Former)	(ii)	0			0		0	
16Rachel Smith Silver	(i)	144,978	0	242	0	15,845	161,065	0
Interim VP of Dev. & Alumni Affairs	(ii)	0			0		0	
17Heidi Pycraft	(i)	114,827	0	375	13,853	23,069	152,124	0
Controller	(ii)	0						
18Clayton R Koppes	(i)	112,178	0	1,978	13,261	12,881	140,298	0
Interim President (Former)	(ii)						1-0,290	
	I/)	<u> </u>	<u> </u>	U	<u>U</u>	0	0	1 0

DLN: 93493131038341 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) ▶ 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. Department of the Treasury Open to Public Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Oberlin College 34-0714363 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On (i) Pool (a) Issuer name (e) Issue price behalf of financing issuer Yes No Yes No Yes No 55.692.997 | See Part VI Χ Ohio Higher Educational Facility 34-6849674 67756DBZ8 09-12-2013 Χ Commission 43,220,316 | See Part VI Ohio Higher Educational Facility 34-6849674 67756DNB8 04-12-2017 Χ Χ Commission Part  ${f I}$ **Proceeds** Α В C D 2 3 55,699,572 43,600,574 

5 6

7 8 9

10 11 12

13

14 15

16 Part 🎹

2

**Private Business Use** 

## Were the bonds issued as part of a current refunding issue of tax-exempt Were the bonds issued as part of an advance refunding issue of taxable Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . .

Was the organization a partner in a partnership, or a member of an LLC, which owned property

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.

Does the organization maintain adequate books and records to support the final allocation of

Χ Χ

Yes

Yes

Χ

40,106,763

419.058

15,173,751

No

2015

Α

Χ Χ Х

2020

Yes

Yes

No

Χ

Χ

17,424,343

201.340

25,974,891

No

Χ

C Yes

Yes

No

No Yes

Yes

No

No

D

Schedule K (Form 990) 2019

Х Cat. No. 50193E

No

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

Exception to rebate? . . . . . . . . . . . .

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

Was the hedge superintegrated? . . . . . . Was the hedge terminated?

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

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

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

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 nongualified bonds of

Schedule K (Form 990) 2019

C

d

6

8a

Part IV

b

C

Arbitrage

Page **2** 

D

D

Schedule K (Form 990) 2019

No

Yes

Α

Χ

Χ

Χ

В

Yes

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

Χ

Νo

Χ

Χ

Χ

Χ

Χ

Α

Yes

Х

В

Χ

Х

Х

Yes

C

No

C

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

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

Yes

Χ

No

Explanation

Row A - Educational Facilities; includes refunding of Series 2003 (8-26-2003). Row B - Educational Facilities; includes partial advance refunding of Series 2009 (10-

Χ

Yes

R

No

Yes

Nο

Page 3

D

Nο

Yes

Were gross proceeds invested in a guaranteed investment contract (GIC)?

Schedule K (Form 990) 2019

period?

Part V

Part VI

Purpose

**Arbitrage** (Continued)

requirements of section 148? . . .

Return Reference

Part I, Column (f) - Description of

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

1-2009) and new money.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131038341 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Oberlin College 34-0714363 Part I **Types of Property** (b) (c) (d) (a) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 25,150 Cost / Appraisal Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Χ 113 2,318,081 FMV Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution-Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . 23 Scientific specimens . . Archeological artifacts . . Χ 24,075 Cost/Appraisal Musical Other ► ( Instruments ) 25 Other ▶ ( \_\_\_\_\_ Other ▶ ( \_\_ 27 28 Other ▶ (. Number of Forms 8283 received by the organization during the tax year for contributions 15 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page <b>2</b>
	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
Part I, Column (b):	Using a combination of the two methods above
	Use of third parties - The college utilizes a securities broker to sell donated securities. The fees charged by the broker are at or below fair market value.
	Schedule M (Form 990) (2019)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131038341 OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 2019 (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Inspection **Employer identification number** Name! Betherofgamization Oberlin College 34-0714363 990 Schedule O. Supplemental Information Return **Explanation** Reference Form 990. The Alumni Association would not be able to support such a wide range of programs and acti Part 1. Line vities without the dedication and commitment of many alumni. We value the contributions of 6. Number of alumni and encourage them to find a volunteer activity of interest. We offer many ways fo Volunteers r alumni to stay engaged and to support the college and our students. Volunteers can: -Get involved with a regional or international club. -Recruit new students for Oberlin as an A lumni Admissions Recruiter. -Attend an admissions fair or host an admissions gathering. -B ecome an alumni advisor on our online networking platform, Wisr. -Encourage others to make a difference through fundraising as a Class Ambassador. -Volunteer for an affinity or cha rtered group. -Serve on the Alumni Leadership Council or a working committee. -Serve on a reunion planning committee. -Offer summer and Winter Term internships. -Serve as a social media ambassador. -Host a student intern in their home. -Host an event in their home or of fice.

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 and d Community: A diverse residential community is critical to fostering the spectrum of perspectives, 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	Explanation
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 o n April 15, 2021 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 n ature, the College has distributed Form 990 to the full Board of Trustees with the excepti on of donor information on Schedule B. As such, we are required to answer "no" to the ques tion on Line 11a even though a copy of Form 990 (with redacted donor information on Schedule B) was provided to the Trustees before filing.

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 advance through the following process. The Compensation Subcommittee of the Board's Executive Committee organizes and conducts the review of the President as the College's Chief Executive Officer, and makes recommendations to the Executive Committee and the Board concerning the compensation of the President and 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 obtains 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 act totherwise, and the Executive Committee's action is then presented to the full Board in executive session for ratification. A written report of the approved compensation determination and the basis for that determination is subsequently filed and preserved with the College's General Counsel and Secretary.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The College makes its governing documents available to the public upon request. Its audite d financial statements are posted on its website. The College does not make its conflict p olicy available to the public.

Return Explanation Reference

Change in Interest Rate Swap Liability -8,715,621. Post-Retirement Benefit Obligation Adju l Form 990. stment 2.092.544. Non-recurring bond defeasance charge 103,618. Change in Annuity Obligati Part XI. line

on 445.003.

efile GRAPHIC print - Do	O NOT PROCESS	As Filed Data -										DLN: 93493	131038	341
SCHEDULE R (Form 990)  Department of the Treasury	<b>&gt;</b> (	Related C Complete if the organ ► Go to <u>www</u>	ization ar	swered "Yes ▶ Attach to	s" on Form Form 990.	990, Part	IV, line 33	, 34, 35b,		37.		Open to	19	
Internal Revenue Service  Name of the organization									Emp	loyer identif	icatior		ccion	
Oberlin College									34-0	714363				
Part I Identification	of Disregarded E	<b>intities.</b> Complete if	the orgai	nization ansv	vered "Yes	s" on Forn	n 990, Part	IV, line 3	3.					
Name, address, and	<b>(a)</b> I EIN (if applicable) of disr	egarded entity		(b) Primary a		Legal dom	c) nicile (state n country)	(d) Total inc	ome	(e) End-of-year as	ssets	<b>(f</b> Direct co ent		
Part II Identification of related tax-exer	of Related Tax-Ex npt organizations do		<b>is.</b> Compl	ete if the org	ganization	answered	i "Yes" on	l Form 990	, Part I	V, line 34 be	ecause	it had one or	more	
	<b>(a)</b> d EIN of related organizat	ion	Prim	<b>(b)</b> Primary activity		(c) (d) nicile (state in country) Exempt Cod			(e) Public charity status (if section 501(c)(3))		Diı	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?
													Yes	No
For Panerwork Peduction Ac	at Nation and the To-	atuustiana fan Es	00			at No. 5013	DEV.				Cal-	adula P (Form	000) 20	10

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

<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income		( <b>l</b> Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or aging	(k) Percentage ownership
I					514)			Yes	No		Yes	No	
Part IV Identification of Related Organizat because it had one or more related org						zation ansv	wered "Ye	s" on F	orm 9	990, Part IV	, line	34	
	(b)		(c)	1	(d)	(e)	(f)		(g)	(h	1)		(i)

Part IV Identification of Related Organ because it had one or more relate	nizations Taxable as a C	orporation or Trus a corporation or tru	<b>st.</b> Complete ust during the	if the orgar e tax vear.	nization an	Iswered "Yes	" on Form	1990,	Part IV, li	ne 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct	(d) controlling Ty entity (C o	(e) rpe of entity corp, S corp, or trust)	(f) Share of total income	(g) Share of er year assets		<b>(h)</b> Percentag ownershi	p (1		512(b) itrolled
(1)Charitable Remainder Trusts (33)	Charitable Trust	OH		Т							165	No
173 W Lorain Street Oberlin, OH 44074												
(2)Charitable Remainder Trusts (1) 173 W Lorain Street Oberlin, OH 44074	Charitable Trust	NY		Т								No
(3)Charitable Remainder Trusts (1)	Charitable Trust	WA		Т								No
173 W Lorain Street Oberlin, OH 44074												
			1	1			1	Sche	dule R (F	orm 990	)) 20	19

Schedule R (Form 990) 2019					Pa	ge <b>3</b>
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.  In the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  Receipt of (i) interest, (ii) annullies, (iii) rycart from a controlled entity.  In Gift, grant, or capital contribution to related organization(s).  In Gift, grant, or capital contribution from related organization(s).  In Canson oloan guarantees to or for related organization(s).  In Loans or loan guarantees to or for related organization(s).  In Ovidends from related organization(s).  In Sale of assets to related organization(s).  In Sale of assets to related organization(s).  In Sale of assets with related organization(s).  In Exchange of assets with related organization(s).  In Exchange of assets with related organization(s).  In Exchange of assets with related organization(s).  In Sale of						
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 re	lated organizations listed ir	n 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)				<b>1</b> c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				<b>1</b> d	Yes	
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				<b>1</b> f		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)				<b>1</b> i		No
				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
<b>m</b> 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
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
${f s}$ Other transfer of cash or property from related organization(s)				<b>1</b> s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including covered i	relationships and trans	saction thresholds.	-	'	
(a)	(b)	(c)	(d)			
Name of related organization	Transaction	Amount involved	Method of determining	amount ii	nvolved	

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 \	/es		
0	Sharing of paid employees with related organization(s)				10	No		
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No		
q	Reimbursement paid by related organization(s) for expenses				1q \	/es		
r	Other transfer of cash or property to related organization(s)				1r	No		
s	Other transfer of cash or property from related organization(s)				1s	No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered	relationships and tra	nsaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	(d) termining amount involved			
<b>(1)</b> Co	ollege Properties of Northern Ohio	D	22,809,286	FMV				

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 exc	clusion for certain inv	estment p	partnerships.			· .							
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar o	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	hare of Share of Disproprtion total end-of-year allocations		<b>(h)</b> Disproprtionate allocations?		(j) General or managing partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2019

Schedule R (Form 990) 2019						
Part VII	Supplemental Info	ntal Information				
Provide additional information for responses to questions on Schedule R. (see instructions).						
Return Reference		Explanation				

173 W Lorain St 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 38-1678376

173 W Lorain St Oberlin, OH 44074 04-2996114

209 Chase Avenue Eaton Center

Software ID: **Software Version:** 

**EIN:** 34-0714363

Name: Oberlin College

Property Holding

Property Holding

Property Holding

Broadcasting Education

Educational Consortium

Educational Consortium

Study Abroad Program

Educational

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations												
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity	<b>(f)</b> Direct controlling	(g) Section 512						
Hame, address, and Eliver Folded organization	Timary desirity	(state	section	status	entity	(b)(13)						
		or foreign country)		(if section 501(c)		controlled						

ОН

ОН

ОН

ОН

ОН

ОН

ΜI

MA

(3))

Oberlin College

Oberlin College

Oberlin College

Oberlin College

N/A

N/A

N/A

N/A

Line 12a, I

Line 12a, I

Line 12a, I

Line 12c, III-FI

Line 12a, I

Line 12a, I

Line 12a, I

Line 12c, III-FI

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

entity? Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

(a)	(b)	1.
Name, address, and EIN of related organization	Primary activity	L€
		or fo