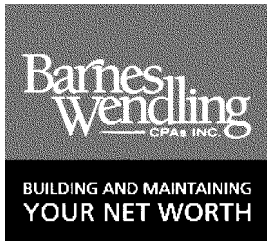




Cleveland | Sandusky | Sheffield | 1.800.369.6375
info@barneswendling.com | barneswendling.com



November 10, 2021

Ms. Elizabeth Schultz
Oberlin Historical and Improvement Org.
P.O. Box 455
Oberlin, OH 44074-0455

Dear Ms. Schultz:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2021.

It is our understanding that you will be filing the Ohio Charitable Trust Registration Form and Annual Financial Report with the Ohio Secretary of State.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Laurie A. Gatten, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2020

| | |
|---|---|
| Prepared for | Oberlin Historical and Improvement Organization P.O. Box 455 Oberlin, OH 44074-0455 |
| Prepared by | Barnes Wendling CPAs Inc. 5050 Waterford Drive Sheffield Village, OH 44035 |
| Amount due or refund | Not applicable |
| Make check payable to | Not applicable |
| Mail tax return and check (if applicable) to | Not applicable |
| Return must be mailed on or before | Not applicable |
| Special Instructions | This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2021. |

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

| | |
|--|---|
| Name of exempt organization or person subject to tax OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION | Taxpayer identification number 34-6533053 |
|--|---|

Name and title of officer or person subject to tax
**ELIZABETH SCHULTZ
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|---|---|---------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>373,518.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here ▶ <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here ▶ <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **BARNES WENDLING CPAS, INC.** to enter my PIN **33053**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

34112363411
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ **BARNES WENDLING CPAS, INC.** Date ▶ **11/10/21**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION | Taxpayer identification number (TIN) 34-6533053 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 455 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. OBERLIN, OH 44074-0455 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

BETHANY HOBBS, BUSINESS MANAGER

- The books are in the care of ▶ **73 1/2 S. PROFESSOR STREET - OBERLIN, OH 44074**
Telephone No. ▶ **440-774-1700** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION Doing business as OBERLIN HERITAGE CENTER Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 455 City or town, state or province, country, and ZIP or foreign postal code OBERLIN, OH 44074-0455 F Name and address of principal officer: ELIZABETH SCHULTZ SAME AS C ABOVE | D Employer identification number 34-6533053 E Telephone number 440-774-1700 G Gross receipts \$ 471,038. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.OBERLINHERITAGECENTER.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1903 | | M State of legal domicile: OH |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO PRESERVE AND SHARE OBERLIN'S UNIQUE HERITAGE AND TO MAKE OUR COMMUNITY A BETTER PLACE TO LIVE, 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 12 6 Total number of volunteers (estimate if necessary) 6 109 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---------------------------|--------------|---|------------|------------|---|----------|----------|--|------------|------------|--|----------|----------|--|----------|----------|---|----------|----------|--|----------|----------|--|
| Revenue | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">193,931.</td> <td style="text-align: right;">307,578.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">17,360.</td> <td style="text-align: right;">3,468.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">168,446.</td> <td style="text-align: right;">76,628.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-11,020.</td> <td style="text-align: right;">-14,156.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">368,717.</td> <td style="text-align: right;">373,518.</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 193,931. | 307,578. | 9 Program service revenue (Part VIII, line 2g) | 17,360. | 3,468. | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 168,446. | 76,628. | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -11,020. | -14,156. | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 368,717. | 373,518. | | | | | | | |
| | Prior Year | Current Year | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Contributions and grants (Part VIII, line 1h) | 193,931. | 307,578. | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Program service revenue (Part VIII, line 2g) | 17,360. | 3,468. | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 168,446. | 76,628. | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -11,020. | -14,156. | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 368,717. | 373,518. | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenses | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">251,609.</td> <td style="text-align: right;">246,878.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,066.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">188,388.</td> <td style="text-align: right;">193,418.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">439,997.</td> <td style="text-align: right;">440,296.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">-71,280.</td> <td style="text-align: right;">-66,778.</td> </tr> </tbody> </table> | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 251,609. | 246,878. | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,066. | | | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 188,388. | 193,418. | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 439,997. | 440,296. | 19 Revenue less expenses. Subtract line 18 from line 12 | -71,280. | -66,778. | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 251,609. | 246,878. | | | | | | | | | | | | | | | | | | | | | | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,066. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 188,388. | 193,418. | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 439,997. | 440,296. | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -71,280. | -66,778. | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Beginning of Current Year</th> <th style="text-align: right;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">4,348,961.</td> <td style="text-align: right;">4,287,884.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">37,274.</td> <td style="text-align: right;">6,856.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">4,311,687.</td> <td style="text-align: right;">4,281,028.</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 4,348,961. | 4,287,884. | 21 Total liabilities (Part X, line 26) | 37,274. | 6,856. | 22 Net assets or fund balances. Subtract line 21 from line 20 | 4,311,687. | 4,281,028. | | | | | | | | | | | | | |
| | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Total assets (Part X, line 16) | 4,348,961. | 4,287,884. | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Total liabilities (Part X, line 26) | 37,274. | 6,856. | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 4,311,687. | 4,281,028. | | | | | | | | | | | | | | | | | | | | | | | | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|--|--|--|
| Sign Here | CLIENT COPY SCHULTZ, EXECUTIVE DIRECTOR title | Date |
| Paid Preparer Use Only | Print/Type preparer's name LAURIE A. GATTEN, CPA | Preparer's signature Date 11/10/21 |
| Firm's name ▶ BARNES WENDLING CPAS INC. Firm's address ▶ 5050 WATERFORD DRIVE SHEFFIELD VILLAGE, OH 44035 | | Check <input type="checkbox"/> if self-employed PTIN P01399120 Firm's EIN ▶ 34-1463411 Phone no. (440) 934-3850 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

Form 990 (2020)

34-6533053 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PRESERVE AND SHARE OBERLIN'S UNIQUE HERITAGE AND TO MAKE OUR COMMUNITY A BETTER PLACE TO LIVE, LEARN, WORK AND VISIT.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 285,115. including grants of \$) (Revenue \$ 7,036.) HISTORY EDUCATION: THE OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION, DOING BUSINESS AS THE OBERLIN HERITAGE CENTER, BELIEVES THAT WHEN PEOPLE BETTER UNDERSTAND HISTORY THEY MAKE MORE INFORMED DECISIONS IN THE PRESENT AND DEVELOP AN APPRECIATION FOR DIFFERENT PERSPECTIVES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) COLLECTIONS: THE OBERLIN HERITAGE CENTER COLLECTS THE MATERIAL AND INTELLECTUAL CULTURE OF PEOPLE IN OBERLIN, OHIO, AND PRESERVES IT FOR THE BENEFIT OF PRESENT AND FUTURE GENERATIONS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) ARCHIVES, RESEARCH & PUBLICATIONS: THE ORGANIZATION'S RESOURCE CENTER INCLUDES HOLDINGS ON OBERLIN HISTORY, FAMILY HISTORY, HISTORIC PRESERVATION AND NONPROFIT ORGANIZATION AND MUSEUM MANAGEMENT.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 285,115.

Form 990 (2020)

**OBERLIN HISTORICAL AND IMPROVEMENT
ORGANIZATION**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> | X | |
| 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> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 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, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 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> | X | |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

Part IV Checklist of Required Schedules *(continued)*

| | Yes | No |
|---|----------|----------|
| 22 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 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> | | X |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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> | | X |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 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> | | X |
| 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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 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> | | X |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | Yes | No |
|---|-----------|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 0 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| | 1c | |

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

| | | Yes | No |
|------------|--|-----|----|
| 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 | 2a | 12 |
| 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 | X |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b | 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). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| 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). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. 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. | | |
| a | 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: | | |
| a | 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: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | X |
| 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 | X |

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 1a | 18 | | |
| b Enter the number of voting members included on line 1a, above, who are independent | 1b | 18 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 Did the organization have members or stockholders? | 6 | | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | | Yes | No |
|---|------------|--|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | X | |
| 13 Did the organization have a written whistleblower policy? | 13 | | X | |
| 14 Did the organization have a written document retention and destruction policy? | 14 | | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| a The organization's CEO, Executive Director, or top management official | 15a | | X | |
| b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 15b | | | X |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **BETHANY HOBBS, BUSINESS MANAGER - 440-774-1700**
73 1/2 S. PROFESSOR STREET, OBERLIN, OH 44074

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ELIZABETH SCHULTZ EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 58,683. | 0. | 2,363. |
| (2) MARLENE MERRILL (TERM ENDED 202 TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) GAIL WOOD PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) EBONI JOHNSON 2ND VICE PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) KEN GROSSI 1ST VICE PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) AMY CHUANG TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) BARBARA ENOS SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (8) JUDY COOK (TERM ENDED 2020) TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) BRITTNEI SHERROD TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) CLAUDIA JONES TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) LAUREL PRICE JONES TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (12) KAITLYN DONALDSON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) ANNESSA WYMAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) CARL JACOBSON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) JULIE MIN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) NIKKI SMITH-HIGNITE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) EDWARD WARDWELL (TERM BEGAN 202 TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) MEISHA BAKER (TERM BEGAN 2020) TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) LORI EBIHARA (TERM BEGAN 2020) TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) JIYUL KIM (TERM BEGAN 2020) TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) FR. BRIAN WILBERT (TERM BEGAN 2 TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 58,683. | 0. | 2,363. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 58,683. | 0. | 2,363. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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 **0**

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | |
|---|---|---|----------------------|------------------------------------|----------------------------|--|--------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 18,804. | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 47,806. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 240,968. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 307,578. | | | |
| | Program Service Revenue | 2 a <u>PROGRAM SERVICE REVENUE</u> | Business Code | | | | |
| | | | 900099 | 3,468. | 3,468. | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 3,468. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 64,194. | | 64,194. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 73,127. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | 83,431. | | | |
| | c Rental income or (loss) | 6c | | -10,304. | | | |
| | d Net rental income or (loss) | | | -10,304. | | -10,304. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 26,523. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | 14,089. | | | |
| | c Gain or (loss) | 7c | | 12,434. | | | |
| | d Net gain or (loss) | | | 12,434. | | 12,434. | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | 1,001. | | | | |
| | | b Less: direct expenses | 8b | | 0. | | |
| | | c Net income or (loss) from fundraising events | | | 1,001. | | 1,001. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | b Less: direct expenses | 9b | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | 1,582. | | | | |
| | | b Less: cost of goods sold | 10b | | 0. | | |
| | | c Net income or (loss) from sales of inventory | | | 1,582. | | 1,582. |
| Miscellaneous Revenue | 11 a <u>MISCELLANEOUS</u> | Business Code | | | | | |
| | b <u>LOSS ON OHC PROPERTIES</u> | | 900099 | 3,568. | 3,568. | | |
| | c | | 900099 | -10,003. | | -10,003. | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | -6,435. | | | |
| 12 Total revenue. See instructions | | | 373,518. | 7,036. | 0. | 58,904. | |

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 58,683. | 34,809. | 19,453. | 4,421. |
| 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 | 151,365. | 89,785. | 50,177. | 11,403. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 5,505. | 3,265. | 1,825. | 415. |
| 9 Other employee benefits | 11,670. | 6,922. | 3,869. | 879. |
| 10 Payroll taxes | 19,655. | 12,569. | 5,774. | 1,312. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 14,259. | 10,391. | 3,151. | 717. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 23,360. | | 23,360. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 120. | 71. | 40. | 9. |
| 13 Office expenses | 20,433. | 12,080. | 6,806. | 1,547. |
| 14 Information technology | 2,459. | 1,454. | 819. | 186. |
| 15 Royalties | | | | |
| 16 Occupancy | 11,152. | 11,152. | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 826. | 488. | 275. | 63. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 24,370. | 21,770. | 2,118. | 482. |
| 23 Insurance | 17,091. | 13,596. | 2,847. | 648. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a REPAIRS & MAINTENANCE | 55,335. | 50,140. | 4,233. | 962. |
| b PROGRAM EXPENSES | 7,270. | 7,270. | | |
| c PRINTING & PUBLICATIONS | 7,125. | 4,243. | 2,348. | 534. |
| d MISCELLANEOUS | 4,435. | 3,152. | 1,045. | 238. |
| e All other expenses | 5,183. | 1,958. | 2,975. | 250. |
| 25 Total functional expenses. Add lines 1 through 24e | 440,296. | 285,115. | 131,115. | 24,066. |
| 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)

**OBERLIN HISTORICAL AND IMPROVEMENT
ORGANIZATION**

Form 990 (2020)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year | |
|--|--|--------------------------|------------|--------------------|--|
| Assets | 1 Cash - non-interest-bearing | 21,630. | 1 | 80,591. | |
| | 2 Savings and temporary cash investments | | 2 | | |
| | 3 Pledges and grants receivable, net | 27,840. | 3 | 0. | |
| | 4 Accounts receivable, net | 8,388. | 4 | 0. | |
| | 5 Loans and other receivables from 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 | | 5 | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | 5,395. | 8 | 0. | |
| | 9 Prepaid expenses and deferred charges | 2,319. | 9 | 0. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 938,440. | | | |
| | b Less: accumulated depreciation | 285,308. | | | |
| | 11 Investments - publicly traded securities | 3,049,625. | 10c | 653,132. | |
| | 12 Investments - other securities. See Part IV, line 11 | | 11 | 3,264,110. | |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | | |
| | 14 Intangible assets | | 13 | | |
| | 15 Other assets. See Part IV, line 11 | 294,735. | 14 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 4,348,961. | 15 | 290,051. | | |
| | | 16 | 4,287,884. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 28,660. | 17 | 73. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 2,616. | 19 | 0. | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other 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 | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 5,998. | 25 | 6,783. | |
| | 26 Total liabilities. Add lines 17 through 25 | 37,274. | 26 | 6,856. | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 Net assets without donor restrictions | 1,448,825. | 27 | 1,295,818. | |
| | 28 Net assets with donor restrictions | 2,862,862. | 28 | 2,985,210. | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| | 32 Total net assets or fund balances | 4,311,687. | 32 | 4,281,028. | |
| 33 Total liabilities and net assets/fund balances | 4,348,961. | 33 | 4,287,884. | | |

Form **990** (2020)

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | |
|--|-----------|------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 373,518. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 440,296. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | -66,778. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 4,311,687. |
| 5 Net unrealized gains (losses) on investments | 5 | 215,575. |
| 6 Donated services and use of facilities | 6 | |
| 7 Investment expenses | 7 | |
| 8 Prior period adjustments | 8 | -189,508. |
| 9 Other changes in net assets or fund balances (explain on Schedule O) | 9 | 10,052. |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 4,281,028. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|--|-----------|----------|----------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | X |
| 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 on Schedule O and describe any steps taken to undergo such audits | 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION**

Employer identification number
34-6533053

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

OBERLIN HISTORICAL AND IMPROVEMENT

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 228,989. | 249,810. | 240,430. | 206,454. | 307,578. | 1233261. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 228,989. | 249,810. | 240,430. | 206,454. | 307,578. | 1233261. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 181,658. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 1051603. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 228,989. | 249,810. | 240,430. | 206,454. | 307,578. | 1233261. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 114,760. | 184,820. | 225,859. | 145,580. | 137,321. | 808,340. |
| 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.) | 8,824. | 33,487. | 18,670. | 8,366. | 5,150. | 74,497. |
| 11 Total support. Add lines 7 through 10 | | | | | | 2116098. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 3,468. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))..... | 14 | 49.70 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 55.51 % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| c 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described in line 11a above? | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

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

Section 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

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

Section 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 instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No | |
| b Did the activities described in line 2a, above, 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. | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI . | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

OBERLIN HISTORICAL AND IMPROVEMENT

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount 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 0.015 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 0.035. | 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 0.85 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 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

OBERLIN HISTORICAL AND IMPROVEMENT

Schedule A (Form 990 or 990-EZ) 2020

ORGANIZATION

34-6533053 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Schedule A (Form 990 or 990-EZ) 2020

OBERLIN HISTORICAL AND IMPROVEMENT

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISC. INCOME

2016 AMOUNT: \$ 4,226.

2017 AMOUNT: \$ 1,100.

2018 AMOUNT: \$ 14,340.

2019 AMOUNT: \$ 3,629.

2020 AMOUNT: \$ 3,568.

SALES OF INVENTORY

2016 AMOUNT: \$ 4,598.

2017 AMOUNT: \$ 4,608.

2018 AMOUNT: \$ 4,330.

2019 AMOUNT: \$ 4,737.

2020 AMOUNT: \$ 1,582.

DISPOSAL OF FIXED ASSETS

2017 AMOUNT: \$ 27,779.

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2020

**** Do Not File ****
***** Not Open to Public Inspection *****

| Contributor's Name | Total Contributions | Excess Contributions |
|---|---------------------|----------------------|
| NORD FAMILY FOUNDATION | 171,400. | 129,078. |
| ROBERT CALHOUN AND ELIZABETH WILMER | 50,000. | 7,678. |
| COMMUNITY FOUNDATION OF LORAIN COUNTY | 74,164. | 31,842. |
| ESTATE OF SHIRLEY SHUBERT | 55,382. | 13,060. |
| | | |
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| | | |
| Total Excess Contributions to Schedule A, Part II, Line 5 | 181,658. | |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization
OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

Employer identification number
34-6533053

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION | Employer identification number 34-6533053 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | COMMUNITY FOUNDATION OF LORAIN COUNTY 9080 LEAVITT ROAD ELYRIA, OH 44035 | \$ 24,582. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | THE NORD FAMILY FOUNDATION 747 MILAN AVENUE AMHERST, OH 44001 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ESTATE OF SHIRLEY SHUBERT P.O. BOX 577 JACKSONVILLE, IL 62651-0577 | \$ 55,382. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | OHIO HUMANITIES COUNCIL 471 EAST BROAD ST., STE. 1620 COLUMBUS, OH 43215 | \$ 14,850. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION | Employer identification number 34-6533053 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|--|---|
| Name of organization OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION | Employer identification number 34-6533053 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

Employer identification number 34-6533053

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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

Schedule D (Form 990) 2020

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 2,987,394. | 2,549,652. | 2,676,520. | 2,312,359. | 2,196,939. |
| b Contributions | 45,478. | 41,382. | 82,404. | 132,166. | 47,444. |
| c Net investment earnings, gains, and losses | 249,166. | 499,630. | -67,792. | 306,322. | 161,395. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 124,600. | 103,270. | 141,480. | 74,327. | 93,419. |
| f Administrative expenses | 3,258. | | | | |
| g End of year balance | 3,154,180. | 2,987,394. | 2,549,652. | 2,676,520. | 2,312,359. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 6.2000 %
 - b Permanent endowment ▶ 73.6000 %
 - c Term endowment ▶ 20.2000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|-----------------|
| 1a Land | | 130,000. | | 130,000. |
| b Buildings | | 794,212. | 271,080. | 523,132. |
| c Leasehold improvements | | | | |
| d Equipment | | 14,228. | 14,228. | 0. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 653,132. |

**OBERLIN HISTORICAL AND IMPROVEMENT
ORGANIZATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) INVESTMENT IN OHCP | 143,649. |
| (2) FUNDS HELD IN TRUST BY OTHERS | 146,402. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 290,051. |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Book value |
|---|----------------|
| 1. (1) Federal income taxes | |
| (2) DEPOSITS | 6,783. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 6,783. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

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

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

| | | | |
|----------|--|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 |

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

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

| | | | |
|----------|---|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 |

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

PART III, LINE 1A:

THE PRIMARY FOCUS OF THE COLLECTIONS, INCLUDING HISTORIC BUILDINGS, ARTIFACTS, AND ARCHIVAL MATERIALS, IS TO MAINTAIN, EXHIBIT, INTERPRET, AND ENGAGE VISITORS. COLLECTIONS ACQUIRED EITHER THROUGH PURCHASE OR DONATIONS ARE NOT CAPITALIZED. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IF PURCHASED WITH UNRESTRICTED ASSETS AND AS DECREASES IN NET ASSETS WITH DONOR RESTRICTIONS IF PURCHASED WITH DONOR-RESTRICTED FUNDS. CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED ON THE CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS BASED ON THE ABSENCE OR EXISTENCE AND NATURE OF DONOR-IMPOSED RESTRICTIONS. THE USE

Part XIII Supplemental Information (continued)

OF SUCH PROCEEDS ARE RESTRICTED PER OHC'S COLLECTIONS MANAGEMENT POLICY.

PART III, LINE 4:

THE ORGANIZATION DOES NOT CAPITALIZE ITS COLLECTIONS, INCLUDING ITS HISTORIC BUILDINGS, ARTIFACTS, AND ARCHIVAL MATERIALS. THE OBERLIN HERITAGE CENTER COLLECTION INCLUDES FOUR HISTORIC BUILDINGS: THE MONROE HOUSE, JEWETT HOUSE, JEWETT BARN, SCHOOLHOUSE, AND MATERIAL OBJECTS WHOSE ORIGINS AND HISTORIES HELP TELL THE HISTORY OF OBERLIN. COLLECTIONS INCLUDE, BUT ARE NOT LIMITED TO, FURNITURE, PAINTINGS AND WORKS OF ART, TOOLS, DOLLS, TOYS, CHINA, HOUSEHOLD ITEMS, TEXTILES, DECORATIVE ARTS, ARCHIVAL DOCUMENTS, HISTORIC PHOTOGRAPHS, AND SECONDARY SOURCE MATERIALS. DONATIONS TO BE CONSIDERED FOR ADDITION TO THE PERMANENT COLLECTIONS MUST HAVE A PERTINENT OBERLIN STORY TO TELL, OR OBERLIN CONNECTION SUCH THAT THEY WILL BE USED, IF NOT FOR DISPLAY IN OUR PERIOD HOUSE MUSEUMS, FOR RESEARCH AND/OR TEACHING, OR FOR SPECIAL EXHIBITS TELLING STORIES OF OBERLIN'S PAST.

PART V, LINE 4:

THE INCOME FROM THE ENDOWMENT FOR HISTORY EDUCATION (THE O.H.I.O ENDOWMENT FUND) IS TO BE USED TO PAY THE SALARY FOR THE MUSEUM EDUCATION AND TOUR COORDINATOR. THE INCOME FROM THE EXECUTIVE DIRECTOR ENDOWMENT, FUNDED BY THE HALLOCK FOUNDATION, IS TO BE USED TO PAY FOR THE EXECUTIVE DIRECTOR'S SALARY AND THEN SUPPORT STAFF SALARY. THE INCOME FROM THE ENDOWMENT FOR HERITAGE PRESERVATION IS TO BE USED TO PAY FOR THE MAINTENANCE AND PRESERVATION OF THE HISTORIC BUILDINGS AND GROUNDS, THE CARE AND MANAGEMENT OF THE CURRENT AND FUTURE COLLECTIONS, AND THE IMPROVEMENTS OF FACILITIES THAT SUPPORT THE MISSION.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND IS CLASSIFIED AS AN EDUCATIONAL AND CHARITABLE ORGANIZATION THAT IS NOT A "PRIVATE FOUNDATION" AS DEFINED IN SECTION 509(A) OF THE IRC. VINEWAY, LLC, A WHOLLY OWNED SUBSIDIARY OF OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION, IS A DISREGARDED ENTITY FOR TAX PURPOSES. THEREFORE, ALL ACTIVITY OF VINEWAY, LLC IS REPORTED ON THE TAX RETURN OF OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION. BECAUSE THE ACTIVITY OF VINEWAY, LLC IS WITHIN THE TAX EXEMPT PURPOSE OF OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION, THE ACTIVITY IS CONSIDERED TAX EXEMPT.

THE ORGANIZATION DID NOT IDENTIFY ANY MATERIAL UNRECOGNIZED TAX BENEFITS UPON EVALUATION OF TAX POSITIONS TAKEN AND THEREFORE, THERE WAS NO MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION AS A RESULT OF OPERATIONS.

THE ORGANIZATION EVALUATES AT EACH STATEMENT OF FINANCIAL POSITION DATE UNCERTAIN TAX POSITIONS TAKEN, IF ANY, TO DETERMINE THE NEED TO RECORD LIABILITIES FOR TAXES, PENALTIES, AND INTEREST. THE ORGANIZATION'S POLICY IS TO RECORD INTEREST AND PENALTIES ON UNCERTAIN TAX PROVISIONS AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2020 AND 2019, THE ORGANIZATION HAS NO ACCRUED TAXES, INTEREST, OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION ESTIMATES THE UNRECOGNIZED TAX BENEFIT WILL NOT CHANGE SIGNIFICANT WITHIN THE NEXT TWELVE MONTHS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

Name of the organization **OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION** Employer identification number **34-6533053**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | X | 43 | | NONE |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

| | 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? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 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. | | |

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

Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION DID NOT CAPITALIZE ITS COLLECTIONS AS ALLOWED UNDER SFAS 116.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

OBERLIN HISTORICAL AND IMPROVEMENT
ORGANIZATION

Employer identification number
34-6533053

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEARN, WORK AND VISIT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE OBERLIN HERITAGE CENTER INTERPRETS OBERLIN'S HISTORY SINCE ITS
FOUNDING, IN PARTICULAR ITS STRONG ACTIVIST TRADITIONS OF ABOLITIONISM,
TEMPERANCE, CO-EDUCATION, MISSIONARY OUTREACH, PROGRESSIVISM, WOMEN'S
RIGHTS, AFRICAN AMERICAN RIGHTS, AND THE STORIES OF THE PEOPLE
ASSOCIATED WITH OUR TWO HOUSE MUSEUMS AND THE SCHOOLHOUSE. RESEARCH ON
ALL OF THESE TOPICS AND OTHERS IS ONGOING AND WILL HELP SHAPE FUTURE
INTERPRETATION AND COLLECTING.

THE OBERLIN HERITAGE CENTER'S BUILDINGS AND COLLECTIONS SERVE AS A
BACKDROP AND THE SETTING FOR INTERPRETING MAJOR EVENTS AND THEMES IN
THE COMMUNITY'S HISTORY. THE COLLECTIONS ON DISPLAY IN THE JEWETT HOUSE
AND THE LITTLE RED SCHOOLHOUSE SHOULD REFLECT WHAT TYPICAL STRUCTURES
OF THEIR ERAS LOOKED LIKE. MORE SPECIFICALLY, THE COLLECTIONS ALSO
SHOWCASE THE DAILY ACTIVITIES OF THE PEOPLE WHOSE STORIES WE TELL. THE
COLLECTIONS ON DISPLAY IN THE MONROE HOUSE CURRENTLY INTERPRET THE
HISTORY OF THE FORMER INHABITANTS AS WELL AS OBERLIN'S FOUNDING AND
EARLY HISTORY. THIS IS LIKELY TO CHANGE AS STAFF CONSIDER MAKING THE
MONROE HOUSE SUITABLE FOR SELF-GUIDED TOURS AND BALANCE VISITOR
INTEREST, INTERACTIVE ELEMENTS, SECURITY FLEXIBILITY, AND INTERPRETIVE
GOALS THAT MOVE BEYOND THE TRADITIONAL HISTORIC HOUSE MODEL. FINE
TUNING THE COLLECTIONS SO THAT THEY INTERPRET BOTH THE HISTORIC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

| | | | |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION | Employer identification number | 34-6533053 |
|--------------------------|---|--------------------------------|------------|

BUILDINGS AND BROADER COMMUNITY STORIES IS, AND WILL CONTINUE TO BE, AN ONGOING PROCESS. FOR MORE INFORMATION, REQUEST THE OBERLIN HERITAGE CENTER COLLECTIONS PLAN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PRESERVATION & HISTORY ADVOCACY: OHC ADVOCATES FOR THE PRESERVATION AND INTERPRETATION OF BUILDINGS, DOCUMENTS, STORIES, LANDSCAPES AND MORE. OHC COLLABORATES WITH VARIED COMMUNITY PARTNERS AND PEER ORGANIZATIONS TO FACILITATE HISTORY PROJECTS AND ENCOURAGES THE PRESERVATION AND SHARING OF VARIED VOICES FOR A MORE HOLISTIC UNDERSTANDING OF THE PAST.

FORM 990, PART VI, SECTION A, LINE 7A:

AT AN ANNUAL MEETING, MEMBERS APPROVE THROUGH MOTION A SLATE OF NEW BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF FORM 990 IS PRESENTED TO THE OHC BOARD OF TRUSTEES BY AUDITORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ANNUALLY BY MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR IS EVALUATED BY EACH BOARD OF TRUSTEES MEMBER ON AN ANNUAL BASIS USING AN ANONYMOUS SURVEY BASED ON THE JOB DESCRIPTION OF THE DIRECTOR. THIS JOB DESCRIPTION WAS UPDATED IN 2012 BY VOTE OF THE BOARD IN PUBLIC SESSION AND IS RECORDED IN THE BOARD MINUTES. AFTER REVIEWING THE SURVEY RESULTS, THE EXECUTIVE COMMITTEE OF THE BOARD RECOMMENDS

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| Name of the organization | OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION | Employer identification number | 34-6533053 |
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COMPENSATION ADJUSTMENTS WITHIN THE APPROVED ANNUAL BUDGET FOR THE ORGANIZATION. THIS RECOMMENDED ADJUSTMENT IS APPROVED BY THE FULL BOARD IN PUBLIC SESSION AND IS CAPTURED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION WILL PROVIDE A COPY UPON REQUEST WITHIN 3 WORKING DAYS AND MAY CHARGE \$0.10 PER PAGE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|-------------------------------|---------|
| CHANGE IN FUNDS HELD IN TRUST | 10,052. |
|-------------------------------|---------|

PART XII, LINE 1

IN MARCH 2019, THE FASB ISSUED ACCOUNTING STANDARDS UPDATE (ASU) UPDATING THE DEFINITION OF COLLECTIONS, WHICH CLARIFIES THE DEFINITION OF COLLECTIONS AND ADDRESSES THE USE OR PROCEEDS FROM SALES OF COLLECTIONS AND RELATED DISCLOSURES. THE ORGANIZATION ADOPTED THE ASU IN THE YEAR DECEMBER 31, 2020 USING A FULL RETROSPECTIVE METHOD OF APPLICATION. THE RESULTS OF ADOPTING THE ASU USING THE RETROSPECTIVE APPROACH HAD NO IMPACT ON THE FINANCIAL POSITION, CHANGES IN NET ASSETS, CASH FLOWS, BUSINESS PROCESSES, CONTROLS OR SYSTEMS OF THE ORGANIZATION. THE ADOPTION OF THE ASU RESULTED IN CHANGES TO THE DISCLOSURE OF COLLECTIONS.

DURING THE YEAR ENDED DECEMBER 31, 2020, THE ORGANIZATION ADOPTED THE MODIFIED CASH BASIS OF ACCOUNTING FOR FINANCIAL REPORTING PURPOSES TO MORE CLOSELY ALIGN WITH THE ACCOUNTING METHOD UTILIZED IN THE ORGANIZATION'S DAY TO DAY OPERATIONS AND FINANCIAL CLOSES PROCESSES.

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION AND SUBSIDIARIES

| | |
|---|--|
| Name of the organization OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION | Employer identification number 34-6533053 |
|---|--|

PREVIOUSLY REPORTED UNDER GENERALLY

ACCEPTED ACCOUNTING PRINCIPLES. DUE TO THE CHANGE IN ACCOUNTING

PRINCIPLE, THE ORGANIZATION DERECOGNIZED ACCOUNTS RECEIVABLE, GRANTS

RECEIVABLE, PLEDGES RECEIVABLE, PREPAID EXPENSES, INVENTORY, ACCOUNTS

PAYABLE, ACCRUED EXPENSES, AND DEFERRED REVENUE AS OF JANUARY 1, 2020.

NO OTHER MATERIAL CHANGES IN ACCOUNTING RESULTED FROM THE CHANGE TO THE

MODIFIED CASH BASIS OF

ACCOUNTING.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART III

TOGETHER IN PURPOSE(PARTS ADAPTED FROM OHC'S 2020 ANNUAL REPORT):

LIKE FOR MOST BUSINESSES AND NON-PROFITS, ADAPTATION WAS KEY IN 2020.

THE OBERLIN HERITAGE CENTER ADJUSTED ITS TOURS, PROGRAMS, AND

WORKSPACES TO CONTINUE SHARING OBERLIN'S HISTORY WHILE KEEPING THE

PUBLIC, STAFF, AND VOLUNTEERS SAFE FROM THE SPREAD OF COVID-19. MANY

PLANS OHC HAD FOR 2020 WERE CANCELLED, POSTPONED, OR HAD TO BE

RE-ENVISIONED TO COMPLY WITH OUR NEW VIRTUAL, MASKED, AND

SOCIALLY-DISTANCED REALITY. BUT THE YEAR DID SHOW US HOW WE COULD - AND

DID - ADAPT WITH HELP FROM LONG-TERM SUPPORTERS.

OHC PROGRAM HIGHLIGHTS OF 2020: THE MISSION CONTINUES:

OHC STARTED THE YEAR WITH SCHOOL TOURS AND PUBLIC PROGRAMS AS USUAL,

| | | | |
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BUT BY APRIL WE SHIFTED TO ONLINE PROGRAMMING AND OVER-THE-PHONE CONVERSATIONS TO STAY CONNECTED WITH OUR MEMBERS. WE WERE SO NERVOUS DURING OUR FIRST LIVE DIGITAL PROGRAM (A WONDERFUL COLLABORATIVE VIRTUAL TOUR WITH THE ALLEN MEMORIAL ART MUSEUM), THAT WE DIDN'T CAPTURE EVEN ONE SCREEN SHOT! BUT, AS TIME PASSED, WE BECAME MORE TECH-SAVVY AND EVEN DARED TO TAKE TRIVIA NIGHT ONLINE IN NOVEMBER. YES, WE MISSED OBERLIN'S BIG COMMUNITY EVENTS AND COMMEMORATING THE 100TH ANNIVERSARY OF SUFFRAGE, BUT WE STILL HAD MUCH TO CELEBRATE.

DR. RIC SHEFFIELD PRESENTED A SUPERB, PROVOCATIVE BLACK HISTORY MONTH PROGRAM ABOUT THE RIGHT TO VOTE IN RECONSTRUCTION OHIO. IT WAS A PLEASURE COLLABORATING WITH THE OBERLIN PUBLIC LIBRARY, OBERLIN AFRICAN AMERICAN GENEALOGY AND HISTORY GROUP, AND OHIO HUMANITIES FOR THIS ENDEAVOR!

JEN GRAHAM LED OHC'S LAST IN-PERSON PUBLIC PRESENTATION OF THE YEAR AT KENDAL AT OBERLIN IN MARCH. AUDIENCE MEMBERS CELEBRATED WOMEN'S HISTORY MONTH BY LEARNING HOW FEMALE NATURALISTS HELPED DEVELOP AND POPULARIZE THE USE OF FIELD GUIDES.

COLLECTIONS MANAGER MAREN MCKEE LED TWO LIVE "BEHIND THE BASEMENT DOORS" FACEBOOK EVENTS FEATURING OBJECTS FROM OHC'S COLLECTIONS, INCLUDING A SADDLE OWNED BY TEAMSTER JAMES QUINN. MORE THAN 500 PEOPLE WERE REACHED THROUGH THESE VIRTUAL PROGRAMS.

PAT GORSKE PRICE VOLUNTEERED FOR AN ENCORE RECORDED PORTRAYAL OF HER AUNT AND BUSINESS WOMAN HELEN GORSKE SPERRY (1909-1978), WHICH IS NOW AVAILABLE TO VIEW ON YOUTUBE 24/7.

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OHC ADAPTED ITS TWO YOUTH SUMMER CAMPS, ARCHITECTURE AND FOLK WAYS, SO THAT SOME DAYS WERE IN-PERSON AND OTHERS WERE CONDUCTED VIRTUALLY OR THROUGH TAKEAWAY MATERIALS.

OHIO HISTORY SERVICE CORPS MEMBERS KATRINA WALKER AND MARISSA HAMM CREATED MAIN STREET KIOSK DISPLAYS AND SOCIAL MEDIA HISTORY POSTS THROUGHOUT 2020, INCLUDING A DISPLAY ABOUT TRAILBLAZING AFRICAN AMERICAN WOMEN EDUCATORS OF THE 19TH CENTURY.

OHC MUSEUM EDUCATION AND TOUR COORDINATOR AMANDA MANAHAN GAVE AN ENCORE PRESENTATION OF "A HISTORY OF AFRICAN-AMERICAN BUSINESS OWNERS" VIA ZOOM. EACH SESSION OFFERED NEW INFORMATION SHARED BY COMMUNITY MEMBERS AND FAMILY WHO REMEMBER THESE BUSINESSES.

OHC HOSTED THE TRAVELLING EXHIBIT "OHIO WOMEN VOTE: 100 YEARS OF CHANGE" FOR TWO WEEKS IN SEPTEMBER. THE EXHIBIT WAS CREATED BY THE OHIO HISTORY CONNECTION WITH FUNDING FROM OHIO HUMANITIES. OHC ADDED INTERACTIVE ELEMENTS AND BIOGRAPHIES OF OBERLIN WOMEN WHO BROKE POLITICAL BARRIERS.

CALLING BACK TO ITS ROOTS AS A COMMUNITY IMPROVEMENT ORGANIZATION, OHC INVITED STAFF OF LORAIN COUNTY PUBLIC HEALTH TO SHARE AN UPDATE ABOUT THE PANDEMIC, INCLUDING TRENDS, SUCCESSES, AND CHALLENGES.

KATRINA WALKER PRESENTED A ZOOM PROGRAM ABOUT EDMONIA LEWIS, ANNA JULIA COOPER, RUTH ANNA FISHER, AND MARY BURNETT TALBERT THAT EXAMINED THE SUCCESS THESE WOMEN HAD IN THE ART, ACADEMIC, ACTIVIST, AND ARCHIVAL

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|---|--|
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WORLDS IN EUROPE. THEIR ACHIEVEMENTS WERE OFTEN CONTRASTED WITH THE RACIAL BARRIERS THEY FACED IN THE U.S.

WHAT STATE HAS THE NICKNAME "EQUALITY STATE?" WE WERE EXCITED TO HAVE 14 TEAMS AND 79 PLAYERS PARTICIPATE IN OHC'S ONLINE TRIVIA NIGHT. IT WAS ANOTHER NIGHT OF FUN COMPETITION AND LEARNING. ANSWER: WYOMING.

ROD KNIGHT, PROFESSOR EMERITUS OF ETHNOMUSICOLOGY AT OBERLIN COLLEGE, EXPLORED THE LIFE OF INVENTOR AND ENTREPRENEUR ELISHA GRAY WITH A FOCUS ON HIS INVENTION OF ELECTRIC MUSIC.

FORM 990, PART III

ANNUAL MEETING PROGRAM UNCOVERS THE ORIGINS OF THE ECLECTIC OBERLIN COLLEGE MUSEUM:

THE OBERLIN HERITAGE CENTER'S ANNUAL MEETING WAS HELD-VIRTUALLY-ON JULY 8, 2020. PARTICIPANTS WERE TREATED TO A BRIEF OVERVIEW OF ZOOM LOGISTICS BY EXECUTIVE DIRECTOR LIZ SCHULTZ BEFORE THE MEETING BEGAN. THE KEYNOTE SPEAKER FOR THE NIGHT WAS AMY MARGARIS, ASSOCIATE PROFESSOR OF ANTHROPOLOGY AT OBERLIN COLLEGE, AND CHAIR OF BOTH ANTHROPOLOGY AND ARCHAEOLOGICAL STUDIES. AMY IS AN OBERLIN COLLEGE ALUMNA (CLASS OF 1996), AND RECEIVED HER MA AND PHD FROM THE UNIVERSITY OF ARIZONA. HER RESEARCH BLENDS ARCHAEOLOGY, MATERIAL CULTURE, AND ETHNOHISTORY, PARTICULARLY OF PEOPLE LIVING IN MARINE AND COLD CLIMATES, SUCH AS THE NATIVE ALUTIIQ IN KODIAK, ALASKA. AMY'S UNIQUE INTERESTS LED HER TO BECOME THE CURATOR TO A COLLECTION OF CURIOUS ETHNOGRAPHIC ITEMS HOUSED ON OBERLIN'S CAMPUS, WHICH ARE REFERRED TO AS THE "OBERLIN COLLEGE MUSEUM." IN HER PRESENTATION, PROFESSOR MARGARIS DELVED INTO THE

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ORIGINS OF NATURAL HISTORY AS A DISCIPLINE, AND THE 16TH AND 17TH CENTURY TREND THAT SAW COLLECTIONS OF BOTANICAL, MINERALOGICAL, AND ETHNOGRAPHIC ITEMS HOUSED IN CABINETS. THIS TREND MIGRATED ACROSS THE OCEAN TO AMERICA, AND TOOK UP RESIDENCE ON COLLEGE CAMPUSES LIKE OBERLIN. MANY OF THESE ITEMS CAN BE VIEWED BY SEARCHING THE INTERNET FOR THE "OBERLIN COLLEGE ETHNOGRAPHIC COLLECTION."

THE BUSINESS MEETING WAS CALLED TO ORDER BY BOARD PRESIDENT GAIL WOOD, AND THE MINUTES FROM THE 2019 ANNUAL MEETING WERE APPROVED. GAIL ALSO ANNOUNCED AND CONGRATULATED THE WINNERS OF THE HUBBARD PRIZE, WHICH WAS AWARDED DURING NATIONAL HISTORY DAY, IN APRIL 2020. THE WINNERS WERE EMMA KIM, DARIA MARTZ, AND GRETA ARBOGAST, FROM OBERLIN HIGH SCHOOL, WHO TOGETHER CREATED A DOCUMENTARY TITLED "BREAKING THE BARRIERS OF CLIMATE CHANGE IN HIGHER EDUCATION: OBERLIN COLLEGE'S APPROACH TO SUSTAINABLE DEVELOPMENT." THEIR TEACHER AND MENTOR WAS DONNA SHURR, LONG-TIME OHC SUPPORTER AND MEMBER. THIS ANNUAL PRIZE IS FUNDED BY OHC MEMBERS NED AND GAIL HUBBARD.

NEW TRUSTEES TAKING THEIR SEATS ON THE OHC BOARD OF TRUSTEES IN 2020 WERE: MEISHA BAKER, LORI EBHARA, JIYUL KIM, ED WARDWELL, AND FATHER BRIAN K. WILBERT.

MEISHA BAKER: MEISHA HAS DEEP ROOTS IN OBERLIN AND IS NOW THE PRINCIPAL OF ONE OF THE VERY SCHOOLS SHE ATTENDED, EASTWOOD ELEMENTARY SCHOOL. AFTER GRADUATING FROM OBERLIN HIGH SCHOOL, SHE EARNED HER BA IN HUMAN DEVELOPMENT (ELEMENTARY EDUCATION) FROM ANTIOCH COLLEGE AND THEN A MASTERS OF EDUCATION IN MIDDLE CHILD EDUCATION FROM THE UNIVERSITY OF TOLEDO. AFTER SEVERAL YEARS OF WORKING IN THE LORAIN CITY SCHOOL

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DISTRICT, SHE WAS APPOINTED PRINCIPAL OF EASTWOOD ELEMENTARY IN 2019.

MEISHA HAS BEEN HONORED WITH THE OBERLIN UNIT OF THE NAACP EDUCATION AWARD. SHE FIRST BECAME INVOLVED WITH OHC AS A DOCENT AND IS NOW EXCITED TO SERVE ON THE BOARD.

LORI EBIHARA: LORI IS THE MANAGER OF ACADEMIC OPERATIONS AND ASSISTANT TO THE DEAN OF THE COLLEGE OF ARTS AND SCIENCES AT OBERLIN COLLEGE. SHE IS AN OBERLIN NATIVE AND GRADUATE OF OBERLIN HIGH SCHOOL AND THE OHIO STATE UNIVERSITY. LORI PREVIOUSLY WORKED IN ATHLETIC ADMINISTRATIONS FOR THE BIG EIGHT CONFERENCE, BIG TWELVE CONFERENCE, BAYLOR UNIVERSITY, AND THE UNIVERSITY OF MARYLAND.

JIYUL KIM: JIYUL IS A RETIRED COLONEL OF THE UNITED STATES ARMY AND CURRENTLY A VISITING INSTRUCTOR OF HISTORY AT OBERLIN COLLEGE. HE TEACHES CLASSES ON GLOBALIZATION, WAR AND CIVILIZATION, THE ASIAN-AMERICAN EXPERIENCE, AND NATIONAL SECURITY POLICY. COL. KIM EARNED A BA IN ANTHROPOLOGY AND BIOLOGY FROM THE UNIVERSITY OF PENNSYLVANIA, A MASTERS IN REGIONAL STUDIES (EAST ASIA) FROM HARVARD, GRADUATED FROM THE U.S. ARMY COMMAND & GENERAL STAFF COLLEGE AND U.S. ARMY WAR COLLEGE, AND HAS COMPLETED ALL BUT HIS DISSERTATION FROM HARVARD IN HISTORY AND EAST ASIAN LANGUAGES. HE HAS PUBLISHED ON TOPICS INCLUDING HISTORY, CULTURE, ARCHAEOLOGY, AND THE MILITARY. HE IS CURRENTLY SERVING AS THE GRANT REVIEW CHAIR OF THE OBERLIN SCHOOLS ENDOWMENT FUND BOARD. SEVERAL OF JIYUL'S CHILDREN HAVE PARTICIPATED IN OHC PROGRAMS AND CAMPS OVER THE YEARS. JIYUL PRESENTED THE EXCELLENT PROGRAM "THE KOREAN WAR: HOW IT CHANGED OUR WORLD" FOR THE OBERLIN HERITAGE CENTER IN 2016.

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ED WARDWELL: ED IS RETURNING TO THE BOARD AFTER A YEAR AS AN HONORARY TRUSTEE. ED ORIGINALLY JOINED THE OBERLIN HERITAGE CENTER BOARD IN 2009 AND WAS LATER ELECTED TREASURER AND SERVED ON THE STRATEGIC PLAN COMMITTEE. ED IS A RETIRED NON-PROFIT ADMINISTRATOR WITH EXPERIENCE IN BUSINESS, APPLIED BEHAVIORAL SCIENCE, INVESTMENT, MANAGEMENT, AND FINANCES. HE HAS ALSO SERVED AS THE TREASURER OF KENDAL AT OBERLIN RESIDENTS' ASSOCIATION, AND ON THE BOARD OF THE AMERICAN YOGA ASSOCIATION AND MURTIS H. TAYLOR MULTISERVICE CENTER IN CLEVELAND. HIS WIFE ANNE WARDWELL SERVES ON THE HERITAGE CENTER'S COLLECTION'S COMMITTEE AND TOGETHER THEY ENJOY TRAVELLING, AMONG MANY OTHER HOBBIES.

FATHER BRIAN K. WILBERT: FATHER BRIAN K. WILBERT IS FAMILIAR TO MANY IN OBERLIN, HAVING SERVED AS THE RECTOR OF CHRIST EPISCOPAL CHURCH FROM 1996 TO 2019. FR. WILBERT EARNED A BA FROM KENYON COLLEGE, MASTER OF DIVINITY FROM BEXLEY HALL SEMINARY, AND A DOCTOR OF MINISTRY FROM THE SEABURY WESTERN THEOLOGICAL SEMINARY. HE HAS SERVED ON THE BOARDS OF THE OBERLIN AREA COOPERATING MINISTRY AND OBERLIN WEEKDAY COMMUNITY MEALS, AND HAS ALSO TAUGHT AS AN ADJUNCT INSTRUCTOR AT LCCC. FR. WILBERT IS A HISTORY ENTHUSIAST AND HAS LENT HIS TIME TO PRESERVING AND SHARING THE HISTORY OF THE EPISCOPAL DIOCESE OF OHIO AS WELL AS RESCUING MATERIALS COLLECTED BY RESIDENT HISTORIAN RICHARD LOTHROP. HE ALSO ENJOYS GENEALOGY, MUSIC, THE HISTORY OF RECORDED MUSIC, TINKERING WITH HIS 1923 MODEL T. FORD, AND KEEPING UP HIS HISTORIC HOME ON CEDAR STREET.

IN ADDITION, LONG-TIME OHC MEMBERS AND FORMER TRUSTEES JUDY COOK AND MARLY MERRILL WERE NAMED TO THE ROSTER OF HONORARY TRUSTEES.

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THE 19TH ANNUAL OHC COMMUNITY AWARDS WERE NOT ANNOUNCED FOR 2020, DUE TO THE PANDEMIC. AWARDEES WHO RECEIVED THE NOMINATION LAST YEAR WERE RECOGNIZED AT THE 2021 ANNUAL MEETING.

FORM 990, PART III

OHC PROJECT HIGHLIGHTS OF 2020:

BEING SHUT DOWN DIDN'T MEAN OHC WAS QUIET, EITHER IN TERMS OF PROGRAMMING OR BEHIND-THE-SCENES PRESERVATION AND MAINTENANCE PROJECTS.

THANKS TO A GRANT FROM THE NORD FAMILY FOUNDATION, OHC WAS ABLE TO HIRE GRUNWELL-CASHERO TO REPAIR AND COAT THE BASE OF THE MONROE HOUSE, AS WELL AS REPLACE A FEW DETERIORATED SANDSTONE PAVERS.

EVEN THE TINIEST ROOFS NEED SOME TLC. THANKS TO BOARD MEMBER NIKKI SMITH-HIGNITE FOR PUTTING NEW CEDAR SHAKES ON THE MAIN STREET KIOSK.

IN ADDITION TO COLLECTING PHOTOS AND OBJECTS DOCUMENTING A TUMULTUOUS YEAR, VOLUNTEERS COLLECTED AN AMAZING NUMBER OF NEW ORAL HISTORIES ABOUT THE PANDEMIC AND THE HISTORY OF THE LOCAL SCHOOLS. FOR EXAMPLE, RETIRED TEACHER GAIL WOOD INTERVIEWED ACTIVE TEACHER DONNA SHURR.

EVEN BEFORE THE PANDEMIC BEGAN, THE OHC TEAM MASKED UP TO REMOVE THE DUSTY, CRUMBLING CARPET PAD FROM THE 1884 JEWETT HOUSE AND REPLACE IT WITH A FRESH, NEW LAYER TO PROTECT THE WOODEN FLOORS.

STAFF WERE ROUTINELY CHECKING THE BUILDINGS DURING THE SHUTDOWN, AND SO WERE ABLE TO ADDRESS A PIPE LEAK IN THE BASEMENT OF THE JEWETT HOUSE

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BEFORE ANY COLLECTIONS ITEMS WERE DAMAGED.

2020 BY THE NUMBERS!:

AT THE END OF 2020, OHC HAD:

- SHARED HISTORY WITH MORE THAN 1,457 PROGRAM AND EVENT PARTICIPANTS, LARGELY BY ZOOM OR OTHER ONLINE MEDIA, TO KEEP OUR SUPPORTERS SAFE!

- ANSWERED 98 RESEARCH AND INFORMATION REQUESTS FROM MUSEUM MEMBERS AND OTHER FRIENDS.

- GIVEN TOURS TO MORE THAN 656 PEOPLE, VIRTUALLY AND IN PERSON.

- SHARED HISTORY WITH 2,185 FACEBOOK AND INSTAGRAM FOLLOWERS.

- ADDED NEW CONTENT TO OUR YOUTUBE CHANNEL AND RECORDED 553 VIEWS FROM NEW WATCHERS.

- ACCESSIONED 43 ITEMS AND RECORDS INTO THE PERMANENT COLLECTION, 11 OF WHICH WERE A PART OF THE COVID-19 COLLECTING INITIATIVE. AND COLLECTED 48 NEW ORAL HISTORIES!

- PARTNERED WITH MORE THAN 20 COMMUNITY ORGANIZATIONS TO OFFER SPECIALIZED PROGRAMS AND SERVICES.

- PROVIDED ONLINE INFORMATION TO LOCAL SCHOOLS AND OTHER GROUPS IN MORE THAN 19,669 WEBSITE SESSIONS.

FORM 990, PART III

OBERLIN HERITAGE CENTER STRATEGIC PLAN FOR 2018 - 2023:

INTRODUCTION

THIS IS THE EIGHTH STRATEGIC PLAN CREATED BY AND FOR THE OBERLIN

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HERITAGE CENTER (OHC). IT WAS CRAFTED OVER AN EIGHT-MONTH PERIOD BEGINNING IN SEPTEMBER 2017, WITH INPUT FROM STAFF, BOARD, VOLUNTEERS, OHC MEMBERS, COMMUNITY MEMBERS, AND STRATEGIC PLAN FACILITATOR LESLIE YERKES. THE PLAN WAS ADOPTED BY THE BOARD OF TRUSTEES AT ITS MEETING OF MAY 2, 2018. AN ACCOUNT OF THE PLANNING PROCESS CAN BE FOUND NEAR THE END OF THIS DOCUMENT.

MISSION STATEMENT

THE MISSION OF THE OBERLIN HERITAGE CENTER IS TO PRESERVE AND SHARE OBERLIN'S UNIQUE HERITAGE AND TO MAKE OUR COMMUNITY A BETTER PLACE TO LIVE, LEARN, WORK, AND VISIT.

CORE VALUES

INTEGRITY: OHC COMMITS TO AUTHENTICITY, ACCURACY, AND EXCELLENCE IN MANAGEMENT AND GOVERNANCE, AND STRIVES TO BE WORTHY OF THE PUBLIC'S TRUST.

OPENNESS: OHC EMBRACES DIVERSITY OF PARTICIPATION, IDEAS, OPINIONS, AND ACTION.

INNOVATION: OHC NURTURES CREATIVE THINKING AND ACTIVE LEARNING.

ENGAGEMENT: OHC SEEKS TO INVOLVE THE COMMUNITY IN RELEVANT AND VITAL DISCUSSION AND ACTION.

SUSTAINABILITY: OHC COMMITS TO BEING A STRONG AND VISIBLE ORGANIZATION

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THAT PROVIDES CONTINUITY AND LEADERSHIP.

STEWARDSHIP: OHC STRIVES TO PROTECT AND PRESERVE OBERLIN'S HISTORY AND HISTORIC BUILDINGS AND RESOURCES FOR FUTURE GENERATIONS.

LEADERSHIP: OHC STRIVES TO BE A LEADER AMONG THE HISTORICAL ORGANIZATIONS IN THE COUNTY, STATE, AND NATION.

VISION STATEMENT

THE OBERLIN HERITAGE CENTER IS A SMALL AND DYNAMIC ORGANIZATION WHOSE STRENGTHS LIE IN ENGAGED SUPPORTERS, QUALITY PROGRAMS, PROFESSIONAL SERVICES, AND POSITIVE COLLABORATIONS. WHILE OHC WILL CONTINUE TO BUILD ON AND DRAW FROM THOSE DEFINING STRENGTHS, STRATEGIC PLANNING DISCUSSIONS REVEALED ADDITIONAL DIRECTIONS THAT WILL BE KEY TO THE ORGANIZATION'S CONTINUED RELEVANCY IN THE COMMUNITY: 1) TO SEEK OUT, EXPLORE, PRESERVE, AND ENCOURAGE THE SHARING OF HISTORIES THAT ACCURATELY REFLECT A DIVERSITY OF INDIVIDUALS, PERSPECTIVES, AND EXPERIENCES 2) TO PROVIDE OPPORTUNITIES FOR INDIVIDUALS TO CONNECT WITH ONE ANOTHER AND WITH THE COMMUNITY, AND 3) TO FOSTER, ESPECIALLY IN YOUNGER GENERATIONS, APPRECIATION FOR HISTORY AND CRITICAL CONSIDERATION OF ITS IMPACT ON THE PRESENT AND FUTURE.

WORKING FROM THESE INSIGHTS AND THE GOALS OUTLINED IN THIS PLAN, WE ENVISION THAT IN FIVE YEARS THE OBERLIN HERITAGE CENTER WILL BE AN ORGANIZATION THROUGH WHICH ALL COMMUNITY MEMBERS CAN DISCOVER HISTORY RESOURCES RELEVANT TO THEIR PERSONAL EXPERIENCES. OHC WILL STRIVE TO HAVE THE FINANCIAL, PHYSICAL, AND HUMAN RESOURCES NECESSARY TO ACHIEVE

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ITS MISSION AND ADDRESS FUTURE CHALLENGES. OHC WILL BE REGARDED AS A VALUED PARTNER THAT SUPPORTS COMMUNITY HISTORY PROJECTS AND WHOSE PROGRAMS FOSTER MEANINGFUL RELATIONSHIPS AND DEEPER CONNECTIONS WITHIN THE COMMUNITY AND REGION.

EXECUTIVE SUMMARY

THIS PLAN IS FRAMED AROUND SEVEN KEY AREAS OF OPERATION AND ENGAGEMENT. IN BRIEF, THE PLAN:

- CONTINUES TO DIRECT PROGRAMMING TOWARDS INTERPRETATION THAT ENSURES WIDE AND DIVERSE ENGAGEMENT.

- ENSURES ORGANIZATIONAL SUSTAINABILITY AND THE PRESERVATION OF THE VALUED HISTORIC BUILDINGS AND COLLECTIONS OF OHC THROUGH THE GROWTH OF AN ENDOWMENT FUND AND THE CONTINUED CULTIVATION OF SUPPORTERS.

- CALLS FOR OHC TO ADDRESS CHALLENGES AND OPPORTUNITIES RELATED TO ITS FACILITIES AND STRENGTHEN MANAGEMENT OF ITS SUBSIDIARY PROPERTIES (OHCP AND VINEWAY).

- CALLS FOR A BOARD ACTIVELY ENGAGED IN FUNDRAISING, ORGANIZATIONAL ADVOCACY, AND STRATEGIC IMPROVEMENT.

- REAFFIRMS OHC'S COMMITMENT TO AN ACTIVE AND WELL-COMPENSATED STAFF, BUILDS A WORKFORCE THAT EMBODIES THE DIVERSITY OF THE COMMUNITY, AND DIRECTS ACTION TOWARD BECOMING MORE ENVIRONMENTALLY FRIENDLY, MAINTAINING PROFESSIONAL CERTIFICATIONS, AND BEING PREPARED FOR DIGITAL

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THREATS AND OPPORTUNITIES.

- CALLS FOR SHORT-TERM AND LONG-TERM IMPROVEMENTS IN THE ACQUISITION, MANAGEMENT, STORAGE, AND DISPLAY OF COLLECTIONS AND HISTORY RESOURCES, WITH GOALS SPECIFIC TO CONSERVATION PROJECTS, COLLECTING MORE RECENT HISTORY, IMPROVING OHC'S DIGITAL HOLDINGS AND ACCESS, AND ADMINISTERING THE OBERLIN ORAL HISTORY AND WESTWOOD CEMETERY PROJECTS.

- DETAILS VARIOUS STRATEGIES TO ENHANCE OHC'S PHYSICAL, VIRTUAL, COLLABORATIVE, AND PROFESSIONAL PRESENCE IN ORDER TO STRENGTHEN ENGAGEMENT WITHIN THE COMMUNITY AND PROMOTE OHC AND OBERLIN AS DESTINATIONS.

FORM 990, PART III

SUMMARY OF THE HISTORY OF THE OBERLIN HERITAGE CENTER:

THE OBERLIN HERITAGE CENTER ORIGINATED IN 1903 AS A PART OF THE PROGRESSIVE-ERA "IMPROVEMENT" MOVEMENT WHEN A GROUP OF CITIZENS FOUNDED THE OBERLIN IMPROVEMENT SOCIETY (LATER KNOWN AS THE OBERLIN VILLAGE IMPROVEMENT SOCIETY), WHICH ADVOCATED FOR IMPROVED PUBLIC HYGIENE AND SOCIAL AND MUNICIPAL SERVICES, AND HELPED TO CREATE OBERLIN'S PARK SYSTEM. IN 1958, A SEPARATE OBERLIN HISTORICAL SOCIETY ORGANIZED AND BEGAN ACQUIRING HISTORIC BUILDINGS AND ARTIFACTS. IN 1964, THE OBERLIN HISTORICAL SOCIETY AND THE OBERLIN VILLAGE IMPROVEMENT SOCIETY MERGED TO BECOME THE OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION (O.H.I.O.).

IN THE EARLY 1990S, O.H.I.O. BEGAN ITS TRANSFORMATION FROM A SMALL,

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ALL-VOLUNTEER GROUP TO A PROFESSIONAL MUSEUM AND HISTORICAL ORGANIZATION, HIRING AN EXECUTIVE DIRECTOR IN 1993 AND A MUSEUM EDUCATION AND TOUR COORDINATOR IN 2007. IN THE MID 1990S, OHC BEGAN SYSTEMATICALLY COLLECTING HISTORICALLY SIGNIFICANT ARTIFACTS AND ARCHIVES, AND BEGAN AN ACTIVE PROGRAM OF TOURS AND PRESENTATIONS ABOUT OBERLIN'S HISTORY. IN 1998, THE ORGANIZATION NAMED ITS COMPLEX OF HISTORIC BUILDINGS "THE OBERLIN HERITAGE CENTER."

TODAY THE OBERLIN HERITAGE CENTER IS OPEN TO THE PUBLIC FOR TOURS YEAR-ROUND. THE OHC COMPLEX INCLUDES: THE MONROE HOUSE (MOVED IN 1960), THE LITTLE RED SCHOOLHOUSE (MOVED NEXT TO THE MONROE HOUSE IN 1968 AND MOVED TO ITS PRESENT SITE IN 1997), AND THE JEWETT HOUSE AND ITS BARN (IN THEIR ORIGINAL LOCATIONS, ADDED TO THE SITE IN 1966). THE ORGANIZATION OFFERS PUBLIC AND SCHOOL PROGRAMS AND SPECIAL EVENTS THROUGHOUT THE YEAR AND ISSUES PERIODIC PUBLICATIONS ON HISTORICAL TOPICS. MAJOR PROJECTS INCLUDE THE CITY-WIDE HISTORIC SITE INVENTORY, THE WESTWOOD CEMETERY INVENTORY, AND THE OBERLIN ORAL HISTORY PROJECT. OHC RECOGNIZES THAT THERE ARE MANY HISTORIES IN THE OBERLIN COMMUNITY AND IS ACTIVE IN PRESERVING AND INTERPRETING THIS UNIQUE HERITAGE, INCLUDING SUCH TOPICS AS OBERLIN'S ROLE IN THE ABOLITION OF SLAVERY, THE UNDERGROUND RAILROAD, AND THE CIVIL WAR; THE INNOVATIVE WORK OF OBERLIN COLLEGE IN THE EDUCATION OF AFRICAN-AMERICANS AND WOMEN; AND THE DISCOVERY OF A PRACTICAL METHOD OF REFINING ALUMINUM. TWENTIETH- AND TWENTY-FIRST-CENTURY HISTORIES ARE CENTRAL TO OHC'S ONGOING WORK, INCLUDING ITS ACTIVE ORAL HISTORY PROJECT AND ATTENTION TO THE ROLE OF OBERLINIANS IN THE TWO WORLD WARS, KOREA, AND VIETNAM, IN THE CIVIL RIGHTS MOVEMENT, AND IN THE WORLD OF MUSIC AND THE ARTS.

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OHC IS PART OF THE TIME TRAVELERS' NETWORK OF HISTORICAL ORGANIZATIONS AND OF THE NATIONAL TRUST FOR HISTORIC PRESERVATION'S STATEWIDE AND LOCAL PARTNERS NETWORK. IT IS A DESIGNATED FACILITY OF THE NATIONAL PARK SERVICE'S UNDERGROUND RAILROAD NETWORK TO FREEDOM PROGRAM. IN 2005, OHC EARNED NATIONAL RECOGNITION WITH ITS ACCREDITATION BY THE AMERICAN ASSOCIATION OF MUSEUMS (NOW THE AMERICAN ALLIANCE OF MUSEUMS). OHC WAS REACCREDITED IN 2020 AFTER AN EXTENSIVE SELF-ASSESSMENT AND PEER-REVIEW PROCESS.

OHC HAS A LONG HISTORY OF COMMUNITY INVOLVEMENT AND PRESERVATION, INCLUDING MANAGING THE FORMER OBERLIN COMMUNITY CENTER BUILDING, PRESERVING AND FINDING A USE FOR THE BURRELL-KING HOUSE (NOW THE COMMUNITY MUSIC SCHOOL), GUIDING THE REPLACEMENT OF THE HISTORIC TOWER OF THE NEW UNION CENTER FOR THE ARTS, AND RESTORING THE HISTORIC EXTERIOR OF THE VINEWAY BUILDING. OHC HAS BEEN ACTIVE IN SECURING HISTORIC SITE DESIGNATIONS AND HISTORICAL MARKERS AND IN PRESERVING HISTORICAL BUILDINGS IN THE COMMUNITY.

FOR MORE INFORMATION: PLEASE CONTACT EXECUTIVE DIRECTOR ELIZABETH SCHULTZ AT 440-774-1700 OR BY EMAIL AT DIRECTOR@OBERLINHERITAGE.ORG OR BY MAIL TO THE OBERLIN HERITAGE CENTER, P.O. BOX 0455, OBERLIN, OH 44074. MUCH INFORMATION, INCLUDING THE AUDITED FINANCIAL STATEMENT AND ANNUAL REPORTS, IS AVAILABLE ON OHC'S WEBSITE AT WWW.OBERLINHERITAGECENTER.ORG.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION** Employer identification number **34-6533053**

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| VINEWAY, LLC - 80-0526720 PO BOX 393 OBERLIN, OH 44074 | RENTAL | OHIO | 73,600. | 515,371. | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| OHC PROPERTIES, INC. - 34-1875443 PO BOX 213 OBERLIN, OH 44074-0213 | HOLDING AGENT | OH | | C CORP | 40,408. | 147,495. | 100% | | X |
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OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

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

**OBERLIN HISTORICAL AND IMPROVEMENT
ORGANIZATION**

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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OBERLIN HISTORICAL AND IMPROVEMENT ORGANIZATION

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information input.