			** PUBLIC DISCLOSURE COPY	* *		_
	Ω	00	Return of Organization Exempt Fron	n Income	Tax	OMB No. 1545-0047
Form 9		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private fo	oundations)	2020
	Department of the Treasury				Open to Public	
Interr	al Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the land the lan			Inspection
<u>A</u> F	or th			JUN 30,		
B c a	heck if pplicab	le: C Name of	organization	D Employe	er identifica ⁻	tion number
	Addre		LIN SHANSI MEMORIAL ASSOCIATION			
	Name	pe Doing bu	usiness as	34-0	0768350	0
	Initial return Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/s		ne number - 7 7 5 - 8 6	505
	⊥return termii ated		own, state or province, country, and ZIP or foreign postal code	G Gross recei		1,792,238.
	Amen return		LIN, OH 44074	H(a) Is this		· · · · · · · · · · · · · · · · · · ·
	Applie tion		nd address of principal officer: GAVIN TRITT	for sub	ordinates?	Yes X No
	pendi	SAME	AS C ABOVE		bordinates inclu	ded? Yes No
		empt status:				t. See instructions
			SHANSI.ORG	H(c) Group		
		f organization:	X Corporation Trust Association Other L	Year of formation:	1923 м з	State of legal domicile: OH
Pa	art I	Summary				
e	1	Briefly describ	e the organization's mission or most significant activities: SEE SCHE	DOLE O		
Governance	2	Chaoli this has	x if the organization discontinued its operations or disposed of r	nere then OEO/ of	ite net eeest	
/err	2					s. 12
ĝ	4		ing members of the governing body (Part VI, line 1a)			12
	5		of individuals employed in calendar year 2020 (Part V, line 2a)			5
Activities &	6		of volunteers (estimate if necessary)			25
ž			d business revenue from Part VIII, column (C), line 12			0.
Ă			business taxable income from Form 990-T, Part I, line 11			0.
				Prior Yea		Current Year
	8	Contributions	and grants (Part VIII, line 1h)	140	,455.	632,542.
Revenue	9	Program servio	ce revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	442	,128.	439,871.
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,583.	1,072,413.
	13	Grants and sin	nilar amounts paid (Part IX, column (A), lines 1-3)	113	,877.	89,835.
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	341	,430.	352,796.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b		ng expenses (Part IX, column (D), line 25) 57,631.	070	000	
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		,099.	<u>217,011.</u> 659,642.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-150	,406.	412,771.
	19	Revenue less e	expenses. Subtract line 18 from line 12			
ts o ince		Tatal assats /		Beginning of Curr 12,156		End of Year 15,277,885.
t Assets or d Balances	20	Total assets (F			,367.	40,942.
Net A	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	12,064		15,236,943.
	nrt II	Signature		,004,	, , _ , •	
		-	I declare that I have examined this return, including accompanying schedules and sta	atements, and to the	best of my kr	nowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which pre		-	
Sig	า	Signature	e of officer	Date)	

Here	GAVIN TRITT, EXECUTIVE	DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature Date	Check PTIN			
Paid	REBEKUH ELEY	05/1	1/22 self-employed P01247672			
Preparer	Firm's name 🕒 RSM US LLP		Firm's EIN ▶ 42-0714325			
Use Only	Firm's address 🖌 30 SOUTH WACKER	DR., STE. 3300				
	CHICAGO, IL 6060		Phone no. 312-634-3400			
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No			

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2020) OBERLIN SHANSI MEMORIAL ASSOCIATION 34-0768350 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$132,187. including grants of \$1,430.) (Revenue \$)
	AT OBERLIN COLLEGE, SUPPORT EVENTS ORGANIZED BY CHARTERED STUDENT
	ORGANIZATIONS, OR DEPARTMENTS. DEVELOP AND SUPPORT ACADEMIC CONFERENCES
	AND DISTINGUISHED LECTURES ON ISSUES RELATED TO ASIA BY ASIAN AND
	AMERICAN SCHOLARS.
4b	(Code:) (Expenses \$ 81,317. including grants of \$ 28,721.) (Revenue \$)
	INDONESIA EDUCATIONAL EXCHANGE PROGRAM SUPPORTS OBERLIN GRADUATES
	STUDYING AND VOLUNTEER TEACHING AT INDONESIAN UNIVERSITIES AND
	INDONESIAN FACULTY MEMBERS STUDYING, DOING RESEARCH, AND TEACHING AT
	OBERLIN COLLEGE.
4c	(Code:) (Expenses \$ 80,858. including grants of \$ 23,102.) (Revenue \$)
	JAPAN EDUCATIONAL EXCHANGE PROGRAM SUPPORTS OBERLIN GRADUATES STUDYING,
	VOLUNTEERING, AND TEACHING AT JAPANESE UNIVERSITIES AND NONGOVERNMENT
	ORGANIZATIONS AND JAPANESE FACULTY STUDYING AND DOING RESEARCH AT
	OBERLIN COLLEGE.
	OBERHIN COHDEGE.
_	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 147,788. including grants of \$ 36,582.) (Revenue \$ 0.)
4e	Total program service expenses 442,150.

Form	aan	(2020)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
L	Part VI	<u>11a</u>	<u></u>	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16	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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form	990	(2020)
	330	

			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? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes." complete			
	Schedule L. Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			_ _
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0.		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		_	L
	Check if Schedule O contains a response or note to any line in this Part V			
	· · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		-	
b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

(gambling) winnings to prize winners? 032004 12-23-20

Form 990 (2020)			MEMORIAL		
Part V Statemen	ts Regarding Otl	her IRS Fili	ngs 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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
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).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
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		
с	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
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 b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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	_		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b)	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			- v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		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		

OBERLIN SHANSI MEMORIAL ASSOCIATION

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			X
Sec	tion 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 12			
	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.			
b	10			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion 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		Х
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	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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		
Sec	tion 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))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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	financ	ial	
	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			
	<u>GAVIN TRITT - 440-775-8605</u>			
	103 PETERS HALL, OBERLIN, OH 44074			

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

OBERLIN SHANSI MEMORIAL ASSOCIATION

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

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.

Form 990 (2020)

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) (B) (C) (D) (D) (E) (F) Name and title Average hours per vector in a definition of the one organization below Name and title Average hours per related Name and title (F) Reportable compensation form related organizations (W2/1099-MISC) Reportable compensation form related organizations (W2/1099-MISC) (F) Reportable compensation form related organizations (W2/1099-MISC) (F) Reportable compensation form related organizations (1) GAVIN TRIT 40.000 X 139,961. 43,698. (2) SARAI MIN RINGTER UNTL 11/20 0.000 X X 0. 0. (3) JESE GENTIN 1.000 X X 0. 0. 0. (3) JESE GENTIN 1.000 X X 0. 0. 0. (3) JESE GENTIN 1.000 X X 0. 0. 0. (3) JESE GENTIN 1.000 X X 0. 0. 0. (4) KIN Z. GOLDEN 1.000 X X 0.	(A)	(B)	l				-por	ourt	(D)	(E)	(F)
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Pa	rt VII e	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
		(A)	(B)				C)			(D)	(E)		(F)
		Name and title	Average	(-1-		Pos				Reportable	Reportable		Estim	
			hours per					than o s both		compensation	compensation		amou	nt of
			week					or/trus		from	from related		oth	
			(list any	ctor						the	organizations	C		sation
			hours for	· dire				-p		organization	(W-2/1099-MISC	;)	from	the
			related	tee ol	Istee			ensat		(W-2/1099-MISC)		c	organiz	zation
			organizations	trus	nal tri		oyee	dmo					and re	lated
			below	Individual trustee or director	Institutional trustee	er	Key employee	est c loyee	Jer			0	rganiz	ations
			line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former					
				1										
												\rightarrow		
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16	Subto	al								139,961.	(43	698.
										0.) .	<u> </u>	0.0
		rom continuation sheets to Part VI								139,961.			13	698.
		add lines 1b and 1c) umber of individuals (including but n											4 J,	090.
2			ot limited to th	ose	liste	d ac	oove	e) wn	o re	ceived more than \$100,	UUU of reportable			1
	compe	nsation from the organization											Ye	
													16	5 110
3		e organization list any former officer,	-			•	-		Ŭ	• • •				
		? If "Yes," complete Schedule J for s										. 3		X
4		y individual listed on line 1a, is the su												
	and rel	ated organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4	. X	
5		y person listed on line 1a receive or a												
	render	ed to the organization? <i>If "Yes," com</i>	plete Schedule	e J fo	or su	ıch ı	pers	on .		-		5		X
Sec		ndependent Contractors												
1	Compl	ete this table for your five highest co	npensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	nsation	from	
		anization. Report compensation for t												
		(A)								(B)			(C)	
		Name and business	address	NC	ONE	2				Description of s	ervices	Com	pensa	tion
	- · ·													
2		umber of independent contractors (ir		ot lin	nitec	to	thos (ted	above) who received mo	ore than			
	- 3100.0	00 of compensation from the organiz	anon 🗩				· · · ·	,						

						NS	I MEMORIA	AL ASSOCIA	TION	34-0768	350 Page 9
Pa	rt V										_
			Check if Schedule O	conta	ains a respo	nse (or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
6 6	1	_	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts											
Э Q			Membership dues Fundraising events								
fts,			Related organizations								
ia Gi			Government grants (contr				59,000.				
Sin			All other contributions, gifts,		· ·						
her		•	similar amounts not included				573,542.				
0 <u>t</u> Otto		a	Noncash contributions included in				11,569.				
Son		-	Total. Add lines 1a-1f					632,542.			
<u> </u>							Business Code	,			
ø	2	а									
, vic		b				_					
Ser		č									
		d									
Program Service Revenue		e				_					
Pro		f	All other program service	reve	nue						
			Total. Add lines 2a-2f								
	3		Investment income (includ								
			other similar amounts)					217,779.			217,779.
	4		ncome from investment of tax-exempt bond pro								
	5		Royalties	<u></u>			►				
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
	I	b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss))							
	7	а	Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a	941,91	7.					
	I	b	Less: cost or other basis			_					
anu			and sales expenses		719,82						
venue		С	Gain or (loss)	7c	222,09	2.					
, Be			Net gain or (loss)			······	····· ►	222,092.			222,092.
Other	8	а	Gross income from fundraising		•						
ō			including \$								
			contributions reported on		,						
		_	Part IV, line 18			<u>8a</u>					
			Less: direct expenses			8b	L				
			Net income or (loss) from				>				
	9	а	Gross income from gamin	-							
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			<u>`</u>	▶				
	10	d	Gross sales of inventory, I			10a					
		h	and allowances Less: cost of goods sold			10a					
			Net income or (loss) from								
		•		Jaits		y	Business Code				
sno	11	а									
nec		b				_					
evenue:		č									
Miscellaneous Revenue			All other revenue								
Σ			Total. Add lines 11a-11d				►				
	12		Total revenue. See instruction				· · · · · · · · · · · · · · · · · · ·	1,072,413.	0.	0.	439,871.

Form 990 (2020) OBERLIN SHANS
Part IX Statement of Functional Expenses OBERLIN SHANSI MEMORIAL ASSOCIATION

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, -	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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	1,430.	1,430.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	88,405.	88,405.		
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	198,847.	138,320.	33,523.	27,004
;	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	117,167.	81,502.	19,753.	15,91
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	373.	259.	63.	5: 2,18:
	Other employee benefits	16,116.	11,210.	2,717.	2,18
	Payroll taxes	20,293.	14,116.	3,421.	2,75
	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	34,016.	22,960.	6,123.	4,93
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	88,321.		88,321.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion				
	Office expenses	6,414.	5,427.	547.	44
	Information technology				
	Royalties				
	Occupancy				
	Travel	276.	276.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	22,324.	15,069.	4,018.	3,23
	Insurance	7,755.	6,820.	518.	41
	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 0.)				
а	UTILITIES/GLDG/GROUND/R	26,611.	26,611.		
b	FELLOWSHIP AND PROGRAM	25,879.	25,879.		
С	PROGRAM SUPPORT	4,247.	3,048.	664.	53
d	EQUIPMENT MAINTENANCE	1,168.	818.	193.	15
е	All other expenses				
-	Total functional expenses. Add lines 1 through 24e	659,642.	442,150.	159,861.	57,63
	Joint costs. Complete this line only if the organization	·	-		•
	reported in column (B) joint costs from a combined				
	aducational campaign and fundraising colicitation				

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

34-0768350 Page 11

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			74,213.	1	61,456.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	6,210.	4	6,592.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
۳, R	9	Prepaid expenses and deferred charges			11,348.	9	8,117.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	707,999.			
	b	basis. Complete Part VI of Schedule D	216,557.	10c	200,833.		
	11	Investments - publicly traded securities	11,847,756.	11	15,000,887.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	12,156,084.	16	15,277,885.		
	17	Accounts payable and accrued expenses	32,367.	17	40,942.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		·····		20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of thes		F		22	
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	F0 000	23	
	24	Unsecured notes and loans payable to unrelated		Г	59,000.	24	0.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	,				
		of Schedule D		····· -	01 267	25	40 042
	26			▶ ▼	91,367.	26	40,942.
Ś		Organizations that follow FASB ASC 958, che	ck here				
- uce	07	and complete lines 27, 28, 32, and 33.			2 128 150	07	3 202 540
alai	27			······ -	2,428,459. 9,636,258.	27	3,292,549. 11,944,394.
d B	28	Net assets with donor restrictions	9,030,230.	28	11,944,394.		
E.		Organizations that do not follow FASB ASC 99	ck nere 🕨 🛄				
P T		and complete lines 29 through 33.				200	
ets	20			29			
ŝ	29 20	Capital stock or trust principal, or current funds	uinman	fund		20	
ا نخر	30	Paid-in or capital surplus, or land, building, or eq				30	
et A:	30 31	Paid-in or capital surplus, or land, building, or eq Retained earnings, endowment, accumulated inc	come, o	r other funds	12.064 717.	31	15,236,943,
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq	come, a	r other funds	12,064,717. 12,156,084.		15,236,943. 15,277,885.

)20)		OBERI
Ba	lance	Sheet	

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,072,413 2 Total expenses (must equal Part IX, column (A), line 25) 2 659,642 3 Revenue less expenses. Subtract line 2 from line 1 3 412,771 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12,064,717 5 2,759,455	_{ge} 12
1Total revenue (must equal Part VIII, column (A), line 12)11,072,4132Total expenses (must equal Part IX, column (A), line 25)2659,6423Revenue less expenses. Subtract line 2 from line 13412,7714Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))412,064,717	
2Total expenses (must equal Part IX, column (A), line 25)2659,6423Revenue less expenses. Subtract line 2 from line 13412,7714Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))412,064,717	
2Total expenses (must equal Part IX, column (A), line 25)2659,6423Revenue less expenses. Subtract line 2 from line 13412,7714Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))412,064,717	
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	
5 Net unrealized gains (losses) on investments $5 2759455$	
	55.
6 Donated services and use of facilities	
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
column (B)) 10 15,236,943	43.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	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:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
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:	
X Separate basis Consolidated basis 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?	
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	1
Act and OMB Circular A-133? 3a X	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	L

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2020
Open to Public

Interna	al Rever	nue Service		► Go to www.irs.gov	to www.irs.gov/Form990 for instructions and the latest information.									
Nam	e of t	the organizati		T.TN GUANGT	MEMORIAL AS:	GOCTA	PTON			identification number 4-0768350				
Pa	rt I	Beason	for Public (Charity Status	(All organizations must c	SOCIA.	1 ± 0	ee instruction		4-0700550				
									13.					
	organ		•		For lines 1 through 12, c			A \/ A \/*\						
1		-			n of churches described			I)(A)(I).						
2					Attach Schedule E (Forn									
3	H				inization described in so				VIII) Enter	the beautitely serves				
4		city, and stat	-	ation operated in cor	njunction with a hospital	aescribea	in sectio	on 170(d)(1)(A	(III). Enter	the hospital's name,				
5		•		or the benefit of a col	lege or university owned	l or operat	ed by a do	vernmentalı	nit describe	d in				
5				Complete Part II.)			cu by u ge	voninionare						
6					nental unit described in	section 17	70(b)(1)(A)	(v).						
7			· -	-	ntial part of its support fr				he general r	oublic described in				
		-		complete Part II.)		5			5					
8					1)(A)(vi). (Complete Par	t II.)								
9	\square	-			in section 170(b)(1)(A)(-	ed in coniu	unction with a	land-grant	college				
•		-	-	-	ulture (see instructions).		-		-	-				
		university:		grant contege of agric				, unu olulo ol	ine conoge					
10			ion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersk	nip fees, and	d aross receipts from				
					t to certain exceptions; a									
				•	(less section 511 tax) fro	• •				•				
				mplete Part III.)	(,,			· · · , · · · - · ·	J	,				
11				• •	vely to test for public sa	fetv. See	section 50)9(a)(4).						
	X	-	-		vely for the benefit of, to	•			arry out the	purposes of one or				
		-	-		d in section 509(a)(1) c	-			•					
				-	f supporting organization									
а		-	-	• •	upervised, or controlled		-		-	aivina				
u					gularly appoint or elect a	•	-		•••••					
			•	complete Part IV, Se		indjointy c				pportang				
b		¬ ~		-	or controlled in connect	tion with it	s sunnorte	ed organizatio	n(s) by hay	ina				
	L			-	anization vested in the sa			-		-				
			-	st complete Part IV,					ge the supp					
с	X			-	g organization operated	in connect	tion with	and functiona	llv integrate	d with				
U			-). You must complete I				ily integrate	a with,				
d		¬ ··	•		•			-	rted organiz	ration(s)				
u	L		-	y integrated. A supporting organization operated in connection with its supported organization(s) tegrated. The organization generally must satisfy a distribution requirement and an attentiveness										
			•		nplete Part IV, Sections	-				01035				
е		- ·	•	,	vritten determination fro									
e			•		nally integrated supporti			турет, туре	п, туре ш					
f	Ente	er the number	•		, , , , , , , , , , , , , , , , , , , ,	ng organiz	ation.			1				
			••	n about the supporte	d organization(s)									
9		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount c	f monetary	(vi) Amount of other				
		organizatior	ו		(described on lines 1-10	Yes	ing document?	support (see i	nstructions)	support (see instructions)				
					above (see instructions))									
OB	RT.	IN COLL	EGE	34-0714363	2	x		6	2,634.	0.				
<u></u>		111 0011		51 0711505					1/0010					
Tota								62	2,634.	0.				

Schedule A (Form 990 or 990-EZ) 2020 OBERLIN SHANSI MEMORIAL ASSOCIATION

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.)

Sec	tion A. Public Support			-	_	-	_
Cale	ndar 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	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		1		1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	<u> </u>					
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3)	
_	organization, check this box and stop			<u></u>			
	tion C. Computation of Publi						
14	Public support percentage for 2020 (li					14	%
15	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the c						. —
_	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the facts			-	-	-	
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	-	-				10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 OBERLIN SHANSI MEMORIAL ASSOCIATION 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.)

Sec	ction A. Public Support						
Cale	ndar 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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
	Amounts from line 6	(=) =0 : 0	(1) = 0 · · ·	(0) = 0 + 0	(4) = 0 + 0		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization i - f	rot opport this	fourth or fifth to		01(a)(0) area	
14	First 5 years. If the Form 990 is for th	•					·
<u>So</u>	check this box and stop here						
	•						0/
	Public support percentage for 2020 (li			.,,		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					47	
	Investment income percentage for 20					17	%
	Investment income percentage from 2						%
19a	33 1/3% support tests - 2020. If the						ine 17 is not
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the						►
	line 18 is not more than 33 1/3%, chee	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	tion ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tł	his box and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 OBERLIN SHANSI MEMORIAL ASSOCIATION

Yes No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	res	OVI
1	Х	
- 1	- 11	
2		Х
3a		X
3b		
20		
3c		
4a		х
14		
4b		
4c		
5a		х
00		
5b		
5c		
		37
6		X
7		х
8		Х
9a		X
9b		X
•		х
9c		A
10a		х
10b		

Schedule A (Form 990 or 990-EZ) 2020 OBERLIN SHANSI MEMORIAL ASSOCIATION

11 Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described in line 11a above? 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. In Part VI. Section B. Type I Supporting Organizations 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, describe how the powers to appoint and/or remove officers, directors, or trustees 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 (s) that operated, supervised, or controlled the supporting organization, describe how the purposes of the supporting organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization and what conditions or trustees during the tax year also a majority of the directors or trustees of each of the organization's subported organization's subporting organization was vested in the same persons that controlled or managed the supporting organization was vest		rt IV Supporting Organizations (continued)	0000		ige J
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Section E. Type in Functionally integrated supporting organizations	800	supported organizations played in this regard.	3	X	
1 Check the new next to the method that the exemption used to esticit, the Interval Part Test during the user (see instructions)					

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a X The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a go	overnmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
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- 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.
- 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.*

Yes No

Х

Х

2a

2b

3a

3b

Schedule A	(Form 990 or 990-EZ) 2020	OBERLIN	SHANSI	MEMORIAL	ASSOCIATION
Part V	Type III Non-Function	onally Integra	ated 509(a)	(3) Supporting	g Organizations

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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 OBERLIN SHANSI MEMORIAL ASSOCIATION 34-0768350 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

га		allol Supporting Orga	inzations (contine	uea)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne 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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able 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)				
<u> i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	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:				
-	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

 Schedule A (Form 990 or 990-EZ) 2020 OBERLIN SHANSI MEMORIAL ASSOCIATION
 34-0768350
 Page 8

 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.)
 MEMORIAL ASSOCIATION
 34-0768350
 Page 8

PART IV, SECTION D, LINE 3:

VOTING MEMBERS OF THE OBERLIN SHANSI MEMORIAL ASSOCIATION ("SHANSI") BOARD INCLUDE ONE MEMBER APPOINTED BY THE SUPPORTED ORGANIZATION, OBERLIN COLLEGE, AND ELECTED BY THE SHANSI BOARD, AS WELL AS MULTIPLE MEMBERS OF THE ADMINISTRATION AND FACULTY OF THE COLLEGE. FINANCES ARE MANAGED THROUGH THE CONTROLLER'S OFFICE OF OBERLIN COLLEGE, AND FINANCIAL STATEMENTS AND FORMS 990 ARE REVIEWED BY BOTH. THIS CLOSE RELATIONSHIP GIVES OBERLIN COLLEGE A SIGNIFICANT VOICE IN SHANSI'S INVESTMENT POLICIES AND IN ENSURING THAT SHANSI'S INCOME AND ASSETS ARE USED TO SUPPORT SHANSI'S EDUCATIONAL ACTIVITIES WHICH ALSO BENEFIT THE COLLEGE.

PART IV, SECTION E, LINE 2A:

SHANSI'S ACTIVITIES SUPPORT OBERLIN COLLEGE'S EDUCATIONAL MISSION BY

SPONSORING EDUCATIONAL EXCHANGE PROGRAMS IN CHINA, INDIA, INDONESIA,

JAPAN, AND ELSEWHERE IN ASIA FOR INTERESTED STUDENTS AND RECENT

GRADUATES OF OBERLIN COLLEGE. THESE PROGRAMS SUPPORT EFFORTS BY OBERLIN

COLLEGE TO EXPAND EXPERIENTIAL LEARNING AND INTERNSHIP OPPORTUNITIES

FOR STUDENTS AND CAREER DEVELOPMENT FOR STUDENTS AND GRADUATES. SHANSI

ALSO SUPPORTS OBERLIN COLLEGE'S EDUCATIONAL MISSION BY DEVELOPING AND

SUPPORTING ACADEMIC CONFERENCES AND LECTURES ON ISSUES RELATED TO ASIA

BY ASIAN AND AMERICAN SCHOLARS. OBERLIN COLLEGE RECEIVES SIGNIFICANT

BENEFITS FROM SHANSI AND ITS EDUCATIONAL PROGRAMS. THESE PROGRAMS

CONSTITUTE SUBSTANTIALLY ALL OF SHANSI'S ACTIVITIES.

PART IV, SECTION E, LINE 2B:

THROUGH FELLOWSHIP, GRANT, AND VISITING SCHOLAR PROGRAMS, AS WELL AS

 Schedule A (Form 990 or 990-EZ) 2020 OBERLIN SHANSI MEMORIAL ASSOCIATION
 34-0768350
 Page 8

 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.)

LECTURES AND OTHER EDUCATIONAL EVENTS, SHANSI PERFORMS SIGNIFICANT

ACTIVITIES THAT OBERLIN COLLEGE WOULD OTHERWISE HAVE TO DO ON ITS OWN.

AS SUCH, SHANSI HELPS OBERLIN COLLEGE TO FURTHER ITS EDUCATIONAL

MISSION BY FOCUSING ON INCREASING STUDENT AND COMMUNITY GLOBAL

AWARENESS AND KNOWLEDGE OF ASIA.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

Employer identification number

Organization type (check or	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 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				

OBERLIN SHANSI MEMORIAL ASSOCIATION

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

X 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 \dots \blacktriangleright \$

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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

Employer identification number

34-0768350

OBERLIN SHANSI MEMORIAL ASSOCIATION

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		\$ <u>257,517.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>202,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>		\$ <u>59,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$34,687.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>10,523.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

OBERLIN SHANSI MEMORIAL ASSOCIATION

34 - 0768350

(b)	(-)	
Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
STOCKS		
	\$10,523.	12/16/20
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) (c) Description of noncash property given (c) (b) (c) (b) (c) (b) (c) (c) FMV (or estimate) (b) Constitutions.) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate)

Name of or	rganization		Employer identification number
OBERLI	IN SHANSI MEMORIAL ASSO	CIATION	34-0768350
Part III		tions to organizations described in se a) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address, a		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 gif	ť
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee

Department of the Treasury Internal Revenue Service

032051 12-01-20

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.



Name of the organization	on
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OBERLIN SHANSI MEMORIAL ASSOCIATION

Employer identification number 34-0768350

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose o	conferring
De			
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · ·	
	Preservation of land for public use (for example, recrea	·	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	
-	day of the tax year.		Held at the End of the Tax Year
a h	Total number of conservation easements Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic stru	ucture included in (a)	
c d	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
•	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes the
D -	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		•
_	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• ·
^		an waa ay athay similay assats for financial	
2	If the organization received or held works of art, historical treat the following amounts required to be repeated under FASP A		gain, provide
~	the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1		*
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ <u>19.3710</u> % b Permanent endowment ▶ <u>19.1540</u> % c Term endowment ▶ <u>61.4750</u> % 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(ii) X 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 (other) (c) Accumulated depreciation			SHANSI MEM				4 - 076		
collection time (check all that apply): □ Puble exhibition □ Can or exchange program □ Drive exchange program □ Protee exhibition □ Drive exchange program □ Protect exchange program □ Drive exchange program □ Dri	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar	Assets	(contin	ued)
a Public exhibition d Lan or exchange program b Scholatly research e Other	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant us	e of its		
b Scholarly research e Other c Proservation for future generations e Other d Provide a description of the organization solections and explain how they further the organization sets to be add to realise funds attrained as part of the organization solection? Yes No Part II Escrow and Custodial Arrangements. Complete if the organization solection? Yes No b If the organization answered 'Yes' on Form 990, Part IV, line 9, or resported an amount on Form 990, Part X, line 21, ins 21. Is the organization answered 'Yes' on Form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1 <td< th=""><th></th><th>collection items (check all that apply):</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>		collection items (check all that apply):							
c Presentation for future generations 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 solid or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maritained as part of the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an anount on Form 990, Part X, line 21. Ta is the organization answered 'Yes' on Form 990, Part X, line 21. 1a Is the organization and part threate, custodial or other intermediary for contributions or other assets not included on form 990, Part X ine 21. Yes No 1b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: the text of the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Image: the text of the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Image: the text of the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Image: the text of the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Image: the text of the organization answered 'Yes' on Form 990, Part X, line 20, for the text of the organization answered 'Yes' on Form 990, Part X, line 21, for secrew or custodial account liability? Image: text of text of text of text of text of text	а	Public exhibition	d	Loan or exc	hange program				
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 reasures, or other similar assets 1 to be sold to raise funds inter than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 980, Part X, line 9, or reported an anount on Form 980, PAR X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. • Beginning balance Amount • Additions during the year 1 • Distributions during the year 1 • Distribution so during the year 1 • To report PL Constructions 616, 0.63, 4, 4, 10, 11, 924, 57.8, 11, 524, 502. • Distributions 616, 0.63, 4, 4, 10, 11, 924, 57.8, 11, 524, 502. • Dorn biotutions 616, 0.63, 4, 4, 10, 11, 1, 824, 57.8, 11, 524, 502. • No be there endowment ▶ 193710 % <tr< th=""><th>b</th><th>Scholarly research</th><th>е</th><th>Other</th><th></th><th></th><th></th><th></th><th></th></tr<>	b	Scholarly research	е	Other					
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c Term endowment ▶		÷ .		_%					
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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Inrelated organizations (iii) Related organizations (ii) Related organizations (iii) 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 (other) (b) Cost or other depreciation (d) Book value (a) Cost or other basis (other) (c) Acccumulated depreciation 1a Land 566,000. 560,000. 560,000. (d) Book value (e) Equipment (f) 475. (f) 465. (f) 4,010. (f) 4,465. (f) 4,010. (f) 4,010. (f) 4,010. (f) 4,010. 									
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 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI 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. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 56 , 000 . 56 , 000 . b Buildings 541 , 524 . 400 , 701 . 140 , 823 . c Leasehold improvements 110 , 475 . 106 , 465 . 4 , 010 . e Other 0 200 , 833 .	с		-						
by: (i) Unrelated organizations (ii) Related organizations 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. 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 Buildings c Leasehold improvements d Equipment d Equipment c Other Total. Add lines 1a through 1e. (Column (d) must egual Form 990, Part X, column (B), line 10c.) 200, 833.			•						
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b X Part VI Land, Buildings, and Equipment. 3b X Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 56,000. 56,000. b Buildings 541,524. 400,701. 140,823. c Leasehold improvements 110,475. 106,465. 4,010. e Other 110,475. 200,833.	3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for	the organizat	ion	г	
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b X 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. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 566,000. 56,000. 56,000. b Buildings 541,524. 400,701. 140,823. c Leasehold improvements 110,475. 106,465. 4,010. e Other 110,475. 200,833.		-							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 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 1a Land 566,000. 566,000. 566,000. b Buildings 541,524. 400,701. 140,823. c Leasehold improvements 110,475. 106,465. 4,010. e Other 200,833.									
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) Description of property (a) Cost or other basis (other) 1a Land 56,000. b Buildings 541,524. c Leasehold improvements 110,475. d Equipment 110,475. e Other 200,833.		(ii) Related organizations							
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 56,000. 56,000. 56,000. b Buildings 541,524. 400,701. 140,823. c Leasehold improvements 110,475. 106,465. 4,010. e Other 1 200,833.	b							3b	X
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 1a Land 56,000. 56,000. 56,000. b Buildings 541,524. 400,701. 140,823. c Leasehold improvements 110,475. 106,465. 4,010. e Other 1 200,833.				vment funds.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 56,000. 56,000. 56,000. b Buildings 541,524. 400,701. 140,823. c Leasehold improvements 110,475. 106,465. 4,010. e Other 1 200,833.	Par								
basis (investment) basis (other) depreciation 1a Land 56,000. 56,000. b Buildings 541,524. 400,701. 140,823. c Leasehold improvements 110,475. 106,465. 4,010. e Other 110,475. 200,833.		Complete if the organization answered			ee Form 990, Part	X, line 10.			
1a Land 56,000. 56,000. b Buildings 541,524. 400,701. 140,823. c Leasehold improvements 110,475. 106,465. 4,010. e Other 701. 200,833.		Description of property					1	(d) Book	value
b Buildings 541,524. 400,701. 140,823. c Leasehold improvements 110,475. 106,465. 4,010. e Other 1 200,833.			basis (investm	,	. ,	depreciation			
c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	1a	Land						56	<u>5,000.</u>
c Leasehold improvements 110,475. 106,465. 4,010. e Other 100,475. 106,465. 4,010. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) > 200,833.	b	Buildings		54	1,524.	400,70	1.	140),823.
d Equipment 110,475. 106,465. 4,010. e Other									
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 200,833.				11	0,475.	106,46	5.	4	1,010.
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part >	K. column (B). line 1	0c.)			200),833.
				• • •			chedule	D (Form	ı 990) 202 <mark>0</mark>

(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	d-of-vear 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		e 11d. See Form 990, Part X, line 15.	
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	▶	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) ling Part X Other Liabilities. Complete if the organization answered "Yes			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yess 1. (a) Description of liability			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yess 1. (a) Description of liability (1) Federal income taxes			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yess 1. (a) Description of liability (1) Federal income taxes (2)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yess 1. (a) Description of liability (1) Federal income taxes (2) (3)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yess 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yess 1. (a) Description of liability (1) Federal income taxes (2) (3)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yess 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lii Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yess 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yess 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			

OBERLIN SHANSI MEMORIAL ASSOCIATION

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

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

X

34-0768350 Page 3

(b) Book value (c) Method of valuation: Cost or end-of-year market value

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

_	edule D (Form 990) 2020 OBERLIN SHANSI MEMORIAL AS				J/68350 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,743,547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	2,759,45	5.	
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	. 2c			
d					
е	Add lines 2a through 2d			2e	2,759,455.
3	Subtract line 2e from line 1			3	984,092.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	88,32	1.	
	Other (Describe in Part XIII.)	. 4b			
b					00 201
b c	Add lines 4a and 4b			4c	88,321.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,072,413.
с 5				5	1,072,413.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wit		5	1,072,413. n.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ients Wit	th Expenses p	er Return	1,072,413.
c 5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	ients Wit	th Expenses p	er Return	1,072,413. n.
c 5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ients Wit	th Expenses p	er Return	1,072,413. n.
c 5 Pai 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) TABLE Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wit	th Expenses p	er Return	1,072,413. n.
c 5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	th Expenses p	er Return	1,072,413. n.
c 5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	th Expenses p	er Return	1,072,413. n.
c 5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses p	5 er Returr	<u>1,072,413.</u> 571,321. 0.
c 5 Pai 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses p	<u>5</u> er Returr 1 2e	1,072,413. n.
c 5 Pai 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses p		<u>1,072,413.</u> 571,321. 0.
c 5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses p		<u>1,072,413.</u> 571,321. 0.
c 5 Pai 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 	th Expenses p		<u>1,072,413.</u> 571,321. <u>0.</u> 571,321.
c 5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	th Expenses portion of the second sec	5 er Returr 1 2e 3 1.	<u>1,072,413.</u> 571,321. <u>0.</u> 571,321. 88,321.
c 5 Pan 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	th Expenses portion of the second sec	5 er Returr 1 2e 3 1. 4c	<u>1,072,413.</u> 571,321. <u>0.</u> 571,321.

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 V, LINE 4:

DISTRIBUTIONS FROM ENDOWMENT FUNDS ARE SPENT IN COMPLIANCE WITH THE

DONORS' RESTRICTIONS APPLICABLE TO THE FUNDS BEING DISTRIBUTED. SUCH

DISBURSEMENTS ARE USED TO FURTHER THE EXEMPT EDUCATIONAL PURPOSES OF

OBERLIN SHANSI.

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR

INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ASSOCIATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

Schedule D (Form 990) 2020 OBERLIN SHANSI MEMORIAL ASSOCIATION	34-0768350 Page 5
Part XIII Supplemental Information (continued)	
THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ASSOCIATION	ON'S FEDERAL
TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY	FOR THREE
YEARS AFTER THEY WERE FILED.	

				34-076835	0
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organization answered "Y	es" on
PACIFIC 0 0 1NCLUDING TEACHING. EDUCATIONAL SERVICES 241,672.					
1 For grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance?	Yes 🔄 No
-	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	ide the
United States.					
					1
(a) Region		(c) Number of			
		agents, and			
	In the region	contractors			
		in the region	-		In the region
EAST ASIA AND THE			VOLUNTEER ACTIVITIES		
PACIFIC	0	0		EDUCATIONAL SERVICES	241,672.
SOUTH ASIA	0	0	INCLUDING TEACHING.	EDUCATIONAL SERVICES	68,291.
3 a Subtotal	0	0			309,963.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			309,963.

Statement of Activities Outside the United States
 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule F (Form 990) 2020

OBERLIN SHANSI MEMORIAL ASSOCIATION

34-0768350

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organizatior	ns listed above that are r	recognized as charities by the f	oreign country, I	recognized as a tax	1		I
			or counsel has provided a sect			►		

Schedule F (Form 990) 2020

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
	PACIFIC -						
	AUSTRALIA,						
FELLOWSHIP GRANTS	BRUNEI, BURMA,	21	72,873.	CHECK AND BANK TRANSFER	0.		
	SOUTH ASIA -						
	AFGHANISTAN,						
	BANGLADESH,						
FELLOWSHIP GRANTS	BHUTAN, INDIA,	4	15,532.	CHECK AND BANK TRANSFER	0.		
					_		

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020	OBERLIN	SHANSI	MEMORIAL	ASSOCIATION	34-0768350
Part IV Foreign Form	S				

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

Schedule F (Form 990) 2020

Schedule F ((Form 990) 2020	OBERLIN	SHANSI	MEMORIAL	ASSOCIATION	34-0768350	Page 5		
Part V	Supplemental	Information							
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of								
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)								

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION ENSURES THAT ITS FUNDS ARE USED FOR EDUCATIONAL PURPOSES

BY REQUIRING ALL RECIPIENTS TO PROVIDE REPORTS OF THEIR ACTIVITIES AND,

IN CASES WHERE REIMBURSEMENTS ARE GRANTED, RECEIPTS MUST BE PROVIDED. THE

ORGANIZATION SUPPORTS THIS WITH ON-SITE MONITORING VISITS BY SENIOR STAFF

AND DISCUSSIONS WITH RECIPIENTS AND OFFICIALS AT ORGANIZATIONS WHO HOST

THESE INDIVIDUALS.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047 2020 Open to Public	
Internal Revenue Service								Inspection	
Name of the organization Employer identification numbers								Employer identification number $34-0768350$	
Part I General In	formation on Grants a	nd Assistance						·	
criteria used to a	criteria used to award the grants or assistance?								
	d Other Assistance to					anization answered "Y	/es" on Form 990, Par	t IV, line 21, for any	
recipient th	nat received more than \$	5,000. Part II can	be duplicated if addition	onal space is need	ed.				
	ldress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
3 Enter total numb	er of section 501(c)(3) and er of other organizations Reduction Act Notice.	s listed in the line 1	l table	e line 1 table				Schedule I (Form 990) 2020	

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

Schedule I (Form 990) 2020 OBE

OBERLIN SHANSI MEMORIAL ASSOCIATION

34-0768350

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS FOR STUDENTS AND FACULTY OF OBERLIN COLLEGE	3	1,430.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION ENSURES THAT GRANTS ARE SPENT FOR EDUCATIONAL PURPOSES BY

REQUIRING ALL RECIPIENTS TO PROVIDE REPORTS OF THEIR ACTIVITIES AND, IN

CASES WHERE REIMBURSEMENTS ARE GRANTED, RECEIPTS MUST BE PROVIDED.

SCI	HEDULE J	Compensatio	on Information	1	OMB No. 1	545-004	47
(Fo	rm 990)		ustees, Key Employees, and Highest		20	20	•
		Compensate Complete if the organization answere	ed Employees		20	ZU	J
Denar	tment of the Treasury	Complete if the organization answer Attach to			Open to	Publ	ic
	iternal Revenue Service Source						
Nam	e of the organizatior			Employer id			nber
		OBERLIN SHANSI MEMORIA	AL ASSOCIATION	34-0	768350)	
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a		te box(es) if the organization provided any of the f	-	990,			
		ine 1a. Complete Part III to provide any relevant in					
	First-class or c		Housing allowance or residence for person				
	Travel for com		Payments for business use of personal res				
			Health or social club dues or initiation fees				
	Discretionary s	pending account	Personal services (such as maid, chauffeu	r, chet)			
	16	a line at a second second set of the second	· · · · · · · · · · · · · · · · · · ·				
D		n line 1a are checked, did the organization follow	INIa II a amariata Dant III ta averlaira		41.		
•	•	ovision of all of the expenses described above? If			1b		
2	•	require substantiation prior to reimbursing or allow	•		0		
	trustees, and onice	s, including the CEO/Executive Director, regarding			2		
3	Indicate which if an	y, of the following the organization used to establis	sh the componention of the organization's				
5		ctor. Check all that apply. Do not check any boxes		n to			
		tion of the CEO/Executive Director, but explain in I	, ,	JI LO			
	X Compensation		Written employment contract				
			Compensation survey or study				
	·	•	Approval by the board or compensation of	ommittee			
			Approval by the board of compensation of	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			
4	During the year did	any person listed on Form 990, Part VII, Section A	Line 1a with respect to the filing				
	organization or a re		, me ra, warrespeer to the ming				
а	-	-			4a		x
		eive payment from a supplemental nonqualified ret					x
		eive payment from an equity-based compensation					x
•		es 4a-c, list the persons and provide the applicable					
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must	t complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the org	-	n			
	contingent on the re						
а	•				. 5a		X
		tion?					X
		5b, describe in Part III.					
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:					
а	The organization?	-			. 6a		X
		ition?					X
		^r 6b, describe in Part III.					
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the org	ganization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III			7		X
8		eported on Form 990, Part VII, paid or accrued pu					
	initial contract exce	otion described in Regulations section 53.4958-4(a	a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presu					
		53.4958-6(c)?		<u></u>	9		
LHA		duction Act Notice, see the Instructions for For			ule J (Forn	1 990)	2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) GAVIN TRITT	(i)	139,961.	0.	0.	8,755.	34,943.	183,659.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific guestions on

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions o 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.



OBERLIN SHANSI MEMORIAL ASSOCIATION 34-0

Employer identification number 34 - 0768350

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

SHANSI FACILITATES EXPERIENTIAL LEARNING AND NURTURES MUTUALLY

BENEFICIAL EXCHANGES BETWEEN OBERLIN COLLEGE & CONSERVATORY AND

PARTNERS IN ASIA. SHANSI'S PROGRAMS HAVE A TRANSFORMATIVE IMPACT,

EMPOWERING INDIVIDUALS, INSTITUTIONS, AND COMMUNITIES TO BE LEADERS IN

CROSS-CULTURAL ENGAGEMENT.

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

SHANSI FACILITATES EXPERIENTIAL LEARNING AND NURTURES MUTUALLY

BENEFICIAL EXCHANGES BETWEEN OBERLIN COLLEGE & CONSERVATORY AND

PARTNERS IN ASIA. SHANSI'S PROGRAMS HAVE A TRANSFORMATIVE IMPACT,

EMPOWERING INDIVIDUALS, INSTITUTIONS, AND COMMUNITIES TO BE LEADERS IN

CROSS-CULTURAL ENGAGEMENT.

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

INDIA EDUCATIONAL EXCHANGE PROGRAM SUPPORTS OBERLIN GRADUATES STUDYING,

WORKING, AND VOLUNTEER TEACHING AT INDIAN UNIVERSITIES AND

NONGOVERNMENTAL ORGANIZATIONS, AND INDIAN UNIVERSITY FACULTY MEMBERS

STUDYING, DOING RESEARCH, AND TEACHING AT OBERLIN COLLEGE.

EXPENSES \$ 68,291. INCLUDING GRANTS OF \$ 15,532. REVENUE \$ 0.

CHINA EDUCATIONAL EXCHANGE PROGRAM SUPPORTS OBERLIN GRADUATES STUDYING

AND VOLUNTEER TEACHING AT CHINESE UNIVERSITIES AND CHINESE FACULTY

MEMBERS STUDYING, DOING RESEARCH, AND TEACHING AT OBERLIN COLLEGE.

EXPENSES \$ 79,497. INCLUDING GRANTS OF \$ 21,050. REVENUE \$ 0.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization OBERLIN SHANSI MEMORIAL ASSOCIATION	Employer identification number $34 - 0768350$
OBERLIN SHANSI MEMORIAL ASSOCIATION	54-0788550
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE SHANSI AUDIT COMMITTEE IN CONS	ULTATION WITH THE

AUDITORS AND VOTES TO APPROVE PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. THE AUDIT COMMITTEE THEN REPORTS TO THE FULL BOARD WHICH VOTES TO

ACCEPT THE FILING.

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

EACH BOARD MEMBER, OFFICER, AND EMPLOYEE OF OBERLIN SHANSI IS REQUESTED TO SUBMIT A DISCLOSURE STATEMENT ANNUALLY LISTING ALL ORGANIZATIONS WITH WHICH THEY ARE AFFILIATED AND THE NATURE OF THAT AFFILIATION. IF A CONFLICT ARISES, THE PERSON IS NOT PERMITTED TO PARTICIPATE IN THE DISCUSSION OR TO VOTE ON THE TRANSACTION. THE DECISION ABOUT THE TRANSACTION IS MADE BY PERSONS WHO ARE INDEPENDENT OF THE INDIVIDUAL(S) WITH THE CONFLICT.

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

THE PERSONNEL COMMITTEE OF THE BOARD CONSULTED WITH OBERLIN COLLEGE OFFICE OF HUMAN RESOURCES AND OTHER COMPARABLE ENTITIES IN ESTABLISHING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND ASSESSING INCREASES EVERY YEAR. THE PERSONNEL COMMITTEE RECOMMENDS KEY PERSONNEL SALARY TO THE FULL BOARD FOR APPROVAL. FOR THE DEPUTY DIRECTOR, ADMINISTRATIVE ASSISTANT, AND ANY OTHER STAFF, THE PERSONNEL COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR'S RECOMMENDATIONS AND APPROVES ANNUAL SALARY ADJUSTMENTS. COMPENSATION DECISIONS WERE MADE BY PERSONS WHO ARE INDEPENDENT OF THE INDIVIDUALS WHOSE COMPENSATION WAS BEING DETERMINED.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND

GOVERNING DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON
032212 11-20-20
Schedule O (Form 990 or 990-EZ) 2020

	Schedule O (Form 990 or 990-EZ) 2020 Page 2						
Name of the organizatio		NAT NEWODINI	3 6 6 6 6 7 3 10 7 6 10	Employe	er identification number -0768350		
	OBERLIN SHA	NSI MEMORIAL	ASSOCIATION	34	-0768350		
REQUEST.							
~~~~							

SCH	EDULE	R

### (Form 990)

# **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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

34-0768350

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

Department of the Treasury Internal Revenue Service Name of the organization

### OBERLIN SHANSI MEMORIAL ASSOCIATION

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
	-				

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))	501(c)(3))		No
OBERLIN COLLEGE - 34-0714363							
173 WEST LORAIN ST							
OBERLIN, OH 44074	EDUCATION	оніо	501(C)(3)	LINE 2			х
	-						

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

Schedule R (Form 990) 2020

#### OBERLIN SHANSI MEMORIAL ASSOCIATION Schedule R (Form 990) 2020

34-0768350 Page 2

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. Part III

		,								·	<u> </u>
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income Share of total		Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	^{Il or} Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
	]										
											+
	4										
	4										
	4										

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. Part IV

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) (h) Share of end-of-year assets		l contr	(i) ction b)(13) rolled tity?
		country)						Yes	No
	]								
	1								

Schedule R (Form 990) 2020

# Schedule R (Form 990) 2020 OBERLIN SHANSI MEMORIAL ASSOCIATION

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

Not	te: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		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>(b)</b> Transactio type (a-s)	(d) Method of determining amount involved
<u>(1)</u>		
(2)		
<u>(3)</u>		
<u>(</u> 4)		
<u>(5)</u>		
_(6)		

# Schedule R (Form 990) 2020 OBERLIN SHANSI MEMORIAL ASSOCIATION

# 34-0768350 Page 4

### 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)	(b)	(c)	(d)	(e	e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partners 501(c orgs	all 's sec.	Share of	Share of		ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs		total income	end-of-year	alloca	tions?	of Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes	No	Income	assets	Yes	No	(Form 1065)	Yes No	
								<u> </u>				
				$\left  \right $								+
												+

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 OBER
Part VII Supplemental Information

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