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Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

2014 **Open to Public** inspection

OMB No 1545-0047

For the 2014 calendar year, or tax year beginning and ending C Name of organization D Employer Identification number Check if applicable Address change OTTERBEIN RECREATION ASSOC INC Doing business as 20-2491523 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number PO BOX 412 Initial return Final returns City or town, state or province, country, and ZIP or foreign postal code terminated OTTERBEIN 47970 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending AMY TOLEN H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) Tax-exempt status (insert no ) 4947(а)(1) ог 527 N/AWebsite<sup>-</sup> ▶ H(c) Group exemption number X Form of organization Year of formation M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities See Schedule O Activities & Governance 2 Check this box ▶ │ │ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 5 0 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 028 32,806 8 Contributions and grants (Part VIII, line 1h) 21 Revenue 14,101 9 Program service revenue (Part VIII, line 2g) 15, 500 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 132 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25 648 62,179 39.775 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Ō 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 72,382 45,807 72,382 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 45,807 -10,203 -6,032 19 Revenue less expenses Subtract line 18 from line 12 c es **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 477 871 483,903 21 Total liabilities (Part X, line 26) 903 477, 871 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Wilder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

0 Signature of Sign® Here\_\_\_ Type or print name and title Print/Type preparer's name Preparer's signature Paid RUSS LEIGH RUSS LEIGH Preparer, Russell Leigh & Associa Firm's name **Use Only** 228 E Main St 60942 Hoopeston, IL Firm's address

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

	1 990 (2014) OTTERBE			20-2491523	Page 2
Pa		of Program Service A edule O contains a re	Accomplishments esponse or note to any lin	e in this Part III	X
	Briefly describe the organia	zation's mission	soponee of note to any in	C III tillo i dit III	
S	See Schedule O				
2			m services during the year which	were not listed on the	
	pnor Form 990 or 990-EZ? If "Yes," describe these ne				Yes X No
3			ficant changes in how it conduct	s any program	
	services?	ormania organi	indent offerigod in flow it confident	o, any program	Yes X No
	If "Yes," describe these cha	-			
4				gest program services, as measured by	
	the total expenses, and rev			nount of grants and allocations to others,	
			<u> </u>		
	(Code ) (Exper	nses \$ 43,	535 including grants of \$	) (Revenue	\$ )
1	1/A				
41-	(Cada ) (Farance				<del></del>
4D	(Code ) (Exper	ises \$	including grants of \$	) (Revenue	\$
4c	(Code ) (Exper	nses \$	including grants of \$	) (Revenue	\$ )
4d	Other program services (De			\ (D_*	
40	(Expenses \$ Total program service expe		grants of \$ 43,535	) (Revenue \$	
DAA	. 3.2. p. 2g. a 33. 7.00 0Apc				Form <b>990</b> (2014)

# Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		~~	
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		┢
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	i	х
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	, , , , , , , , , , , , , , , , , , , ,			
	complete Schedule D, Part VI	_11a	X	
Ь	• • • • • • • • • • • • • • • • • • • •			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_ <u>X</u>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			7.7
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		X
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.0		
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? 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 (see instructions)	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	<b></b>
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<del> </del> -	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24a	employees? If "Yes," complete Schedule J	23	<del> </del>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
•	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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		x
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	<b></b>	
50	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 Schedule N, Part II	32	l	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? 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, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? 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	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		x
20	Part VI	37	-	<del>  ^</del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	X
	19. Hote: All 1 of 111 990 files are required to complete outledule of	<u> </u>		

₽ŧ	art V* Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			•
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  [1b]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		Ī
2a	reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
4 <b>a</b>	Statements, filed for the calendar year ending with or within the year covered by this return  2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 <sub>b</sub>		Ī
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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 in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6.		
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
a	and services provided to the payor?	7a		Ī
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			Ī
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
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		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ŧ
	sponsonng organization have excess business holdings at any time during the year?	8	ļ	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			ŧ
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		<del> </del>
10	Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on Part VIII. line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			•
ь 11	Section 501(c)(12) organizations. Enter			I
''а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			•
_	against amounts due or received from them )			Ī
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		I
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			I
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
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			
С	Enter the amount of reserves on hand		ļ	<del> </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	X
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	1	1

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

478 S 1200 E

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

financial statements available to the public during the tax year

Form **990** (2014)

IN 47970

DAA

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AMY TOLEN

OTTERBEIN

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Page 7

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

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

(A) (B)  Name and Title Average hours per week (list any		(d	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) RACHEL SNETHEN										
	0.00	ł								_
DIRECTOR	0.00	X				Ш		0	0	0
(2) LESLIE PERKINS										
DIRECTOR	0.00	x						o	o	0
(3) WENDY WOLF	0.00	12		$\vdash$	$\vdash$	<del>                                     </del>	-			
(3) WENDI WOHE	0.00	1								
DIRECTOR	0.00	x						o	0	0
(4) DENISE RIDER	1 0.00	+				Н				
(,,====================================	0.00					1 1				
DIRECTOR	0.00	X						O	0	0
(5) BARRY TOLEN										
• •	0.00					1 1				
PRESIDENT	0.00			X				0	0	0
(6) AMY TOLEN										
	0.00		1							_
TREASURER	0.00	1		X	_			0	0	0
(7) BRETT GICK										
	0.00	1	1						_	^
VICE PRESIDENT	0.00	<u> </u>	<u> </u>	X	<u> </u>	$\vdash$		0	0	0
(8) TERI SHOEMAKER	0.00		1							
	0.00		1	x				o	o	0
SECRETARY	0.00	+-		^		$\vdash$		0	0	
(9)					 					
(10)			-							
(11)		-					-			
DAA								L		Form <b>990</b> (2014)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	эу Е	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
	• (A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per (do not check more than or week box, unless person is both a officer and a director/truster						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cor	(F) Estimated mount other mpensifrom the	of ation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	, , , ,	org ar	ganiza nd rela ganizat	tion ted	
(12)										***				
(13)														
(14)								-						
(15)											<u> </u>			
(16)								-						
(17)							_							
(18)														
(19)			-		-									
1b	Sub-total	<u> </u>					<u> </u>	<b>&gt;</b>						
c d	Total (add lines 1b and 1c)							<b>▶</b>		00.000 -6		_		
<u> </u>	Total number of individuals (increportable compensation from				ose	liste	abo	ve)	who received more than \$1	UU,UUU OT			Yes	No
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schedu	ıle J	for s	uch i	ndıv	dual	•			_	3		х
5	organization and related organ individual Did any person listed on line 1a	a receive or accru	ie co	mpe	nsat	ion f	rom a	any (	unrelated organization or inc	dıvidual	-	4		X
Secti	for services rendered to the or- ion B. Independent Contracto		<u>s," c</u>	omp	lete S	Sche	dule	J fo	r such person			5		X
1	Complete this table for your five compensation from the organization	zation Report cor	nsate nper	ed inc	depe	nder r the	nt cor cale	ntrac ndai	r year ending with or within	the organization's tax year				
	Name and	(A) I business address							Descrip	(B) tion of services		Cor	(C) mpensat	ion
										<del></del>				
						•								-
DAA	Total number of independent of received more than \$100,000 of	ontractors (included to compensation to compen	ing l	the o	ot lin organ	nited nizati	to th ion ▶	ose -	listed above) who	0		Fon	ո 990	(2014

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue exempt function business excluded from tax under sections revenue 512-514 Gifts, Grants illar Amounts 1a Federated campaigns 1a 30,188 **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations 2,618 Government grants (contributions) 1e f All other contributions, gifts, grants and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 32,806 Program Service Revenue Busn. Code 14,101 14,101 2a CONCESSIONS C f All other program service revenue 14,101 g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents Less rental exps c Rental inc or (loss) d Net rental income or (loss) ▶ Gross amount from (i) Secunties (II) Other sales of assets other than inventory **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 5,872 See Part IV, line 18 13,004 **b** Less direct expenses -7,132 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b All other revenue Total. Add lines 11a-11d 0 39,775 14,101 Total revenue. See instructions

Part IX	Statement of	f Functional	Fynenses	

	Check if Schedule O contains a response			<del></del>	X_
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	"			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	[			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management			<del></del>	
	Legal				
	Accounting	340		340	· · · · · · · · · · · · · · · · · · ·
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	• • • • • • • • • • • • • • • • • • • •				
13	Office expenses				
14	Information technology				
15	Royalties	2 052	2 052		
16	Occupancy	2,952	2,952		
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			<del> </del>	<del></del>
20 21	Interest Payments to affiliates		<del></del>		<u> </u>
22	Depreciation, depletion, and amortization				
23	Insurance	7,719	7,719		<u> </u>
24	Other expenses Itemize expenses not covered	,,,,,	-11-23	***************************************	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	COGS	13,626	13,626		
b	UNIFORMS	6,164	6,164	<del> </del>	
C	FIELD EXPENSE	3,970	3,970	<del> </del>	
d	EQUIPMENT	2,952	2,952		
e	All other expenses	8,084	6,152	1,932	
25	Total functional expenses Add lines 1 through 24e	45,807	43,535	2,272	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   If following SOP 98-2 (ASC 958-720)		-3,539	_,	

Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 14,939 8,907 1 Cash--non-interest bearing 5,606 5,606 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 471,714 other basis Complete Part VI of Schedule D 10a 8,356 463,358 463,358 b Less accumulated depreciation 10b Investments—publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 477,871 483,903 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 0 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Balances 483,903 477,871 27 Unrestricted net assets 28 28 Temporanly restricted net assets Net Assets or Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 483,903 477,871 33 33 Total net assets or fund balances 477,871 483,903 Total liabilities and net assets/fund balances

orm	990 (2014) OTTERBEIN RECREATION ASSOC INC 20-2491523			_ Pa	ge_ <b>12</b>
Pa	rt XI: Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		39,	775
2	Total expenses (must equal Part IX, column (A), line 25)	2		45,	<u>807</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-6,	032
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	83,	903
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4	77,	<u>871</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				I
	Separate basis Consolidated basis Both consolidated and separate basis		•		Ī
b	Were the organization's financial statements audited by an independent accountant?		2b	l	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				•
	separate basis, consolidated basis, or both				Ī
	Separate basis Consolidated basis Both consolidated and separate basis				ŧ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				ł
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				<b>‡</b>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	L	<u> </u>

Form **990** (2014)

SCHEDULE A (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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization OTTERBEIN RECREATION ASSOC INC 20-2491523 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (vI) Amount of (il) EIN (v) Amount of monetary (i) Name of supported (iii) Type of organization listed in your governing other support (see organization (described on lines 1-9 support (see above or IRC section document? instructions) instructions) (see instructions)) Yes (A) (B) (C) (D) (E)

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		<del></del>					
Cale	ndar year (or fiscal year beginning in)	(a) 2010	( <b>b</b> ) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	42,089	38,491	31,876	21,028	32	,806	166,290
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				_			
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	42,089	38,491	31,876	21,028	32	,806	166,290
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							166,290
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
7	Amounts from line 4	42,089	38,491	31,876	21,028	32	, 806	166,290
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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							166,290
12	Gross receipts from related activities, etc. (s	see instructions)					12	19,973
13	First five years. If the Form 990 is for the o	organization's first, s	second, third, fourth	ı, or fifth tax year as	s a section 501(c)(	3)		
	organization, check this box and stop here			,				<b>•</b>
Sec	tion C. Computation of Public Su	pport Percenta	age					
14	Public support percentage for 2014 (line 6,	column (f) divided b	y line 11, column (1	<b>(</b> ))			14	100.00%
15	Public support percentage from 2013 Scheo						15	100.00%
16a	33 1/3% support test—2014. If the organiz	zation did not check	the box on line 13,	and line 14 is 33 1	/3% or more, chec	k this		. ===
	box and stop here. The organization qualifi	ies as a publicly sup	ported organization	า				<b>▶ X</b>
b	33 1/3% support test—2013. If the organiz				33 1/3% or more,			<b>⊾</b> ୮٦
	check this box and stop here. The organiza			_				
17a	10%-facts-and-circumstances test—201	-						
	10% or more, and if the organization meets				•			
	Part VI how the organization meets the "fac organization	ts-and-circumstanc	es" test i ne organ	ization qualifies as	a publicly supporte	ea		<b>&gt;</b> []
b	10%-facts-and-circumstances test—201	3. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and la	ne		
	15 is 10% or more, and if the organization in							
	Explain in Part VI how the organization mee	ets the "facts-and-cii	rcumstances" test	The organization qu	ualifies as a public	ly		⊾ □
	supported organization							<b>&gt;</b>
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	1/a, or 17b, check t	inis box and see			▶ □
	instructions						_	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below please complete Part II.)

Sec	tion A. Public Support	quality under th	ie tests listed t	below, please of	ompiete Part II.	·)	-
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		(3, 23	(0, 20.5	(0) 2010	(9/2511	(1) 1001
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	,					
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						<del></del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			_			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	<b>•</b>
Sec	tion C. Computation of Public Su	pport Percent	age			·	
15	Public support percentage for 2014 (line 8,		-	<b>(f)</b> )		15	%_
<u>16</u>	Public support percentage from 2013 Sche					16	%
Sec	tion D. Computation of Investme					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2014 (lin			column (f))		17	%
18	Investment income percentage from 2013					18	<u>%</u>
19a	33 1/3% support tests—2014. If the organ						_
_	17 is not more than 33 1/3%, check this bo	= = = = = = = = = = = = = = = = = = =	-				▶ [_
b	33 1/3% support tests—2013. If the organ						▶ □
20	line 18 is not more than 33 1/3%, check this  Private foundation. If the organization did		-		- · · · · ·		<b>-</b>
<b>4</b> U	Fireate iounication. Il the organization dio	THUL CHICCE A DUX UI	1 m 15 17. 130. Ul 13	JD. GIIGUN IIII <b>3 DU</b> X (	いっし うちし けいさいひしけい		

Part IV

**Supporting Organizations** 

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete

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

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 )

	3b		
Schedule A	(Form 990 o	r 990-EZ	2014

За

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

OTTER 00/18/2015 9 54 AM		_	
Schedule A (Form 990 or 990-EZ) 2014 OTTERBEIN RECREATION ASSOC  Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III		20-2491	.523 Page 6
Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Orga  1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 2			_ <del></del>
other Type III non-functionally integrated supporting organizations must complete Sections			
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2014

b

Breakdown of line 7

d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 OTTERBEIN RECREATION ASSOC INC

20-2491523

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

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

	or the organization	Er	npioyer	Identification number	
0	TTERBEIN RECREATION ASSOC INC	2	20-2491523		
	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Acco			
	Complete if the organization answered "Yes" to I	Form 990, Part IV, line 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 writing that				
_	funds are the organization's property, subject to the organization's exclu	-		Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in v				
	only for charitable purposes and not for the benefit of the donor or donor	r advisor, or for any other purpose		П., П.,	
Ď.	conferring impermissible private benefit?			Yes No	
	Conservation Easements. Complete if the organization answered "Yes" to I	Form 990 Part IV line 7			
1	Purpose(s) of conservation easements held by the organization (check				
•	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importan	t land	area	
	Protection of natural habitat	Preservation of a certified historic stru		aica	
	Preservation of open space	1 10301 Valion of a certified historic stru	icture		
2	Complete lines 2a through 2d if the organization held a qualified consen	vation contribution in the form of a conservation			
	easement on the last day of the tax year			Held at the End of the Tax Year	
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic structure inclu	ded in (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/0	6, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extra	nguished, or terminated by the organization dur	ing the	<b>;</b>	
	tax year ▶				
4	Number of states where property subject to conservation easement is to	ocated >			
5	Does the organization have a written policy regarding the periodic monit	oring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?			Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforci	ng conservation easements during the year			
_					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	onservation easements during the year			
	Page and a second secon	470(0)(4)(0)(4)			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(n)(4)(B)(I)		☐ Yes ☐ No	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easeme	nte in its revenue and expense statement and		∐ Yes ∐ No	
•	balance sheet, and include, if applicable, the text of the footnote to the o		s the		
	organization's accounting for conservation easements	rgamzanon o interiori otatomento that accome			
P	ert III Organizations Maintaining Collections of Art,	Historical Treasures, or Other Sim	ilar A	Assets.	
	Complete if the organization answered "Yes" to F				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	t to report in its revenue statement and balance	sheet		
	works of art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherance	of		
	public service, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to $$	report in its revenue statement and balance she	eet		
	works of art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherance	of		
	public service, provide the following amounts relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$	
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$	
2	If the organization received or held works of art, historical treasures, or o		е		
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items.			
	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$	
ь	Assets included in Form 990, Part X		▶	\$	

Describe in Part XIII the intended uses of the organization's endowment funds

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

Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 (d) Book value (b) Cost or other basis (c) Accumulated Description of property (a) Cost or other basis (other) depreciation (investment) 1a Land **b** Buildings c Leasehold improvements d Equipment e Other

Schedule D (Form 990) 2014

Part VII	rt VII Investments—Other Securities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.				
<del></del>	(a) Description of security or category	(b) Book value	(c) Method of valuation		
	(including name of security)	(b) Book value	Cost or end-of-year market value		
(1) Financial			Cost of the or your market value		
	eld equity interests				
(3) Other	ed equity interests		<del></del>		
(A)			<del></del>		
(A) (B)			<del>-</del>		
			<del> </del>		
(C)			<del></del>		
(D)			<del>-</del>		
(E)			<u> </u>		
(F)		<del>-</del>			
(G)					
(H)	# N				
	n (b) must equal Form 990, Part X, col (B) line 12 )				
Part VIII	Investments—Program Related.				
	Complete if the organization answered "Ye	<u>s" to Form 990, Part IV, line</u>	e 11c. See Form 990, Part X, line 13.		
	(a) Description of investment	(b) Book value	(c) Method of valuation		
			Cost or end-of-year market value		
_(1)					
_(2)					
(3)					
(4)					
_(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶				
Part IX	Other Assets.				
	Complete if the organization answered "Ye	s" to Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.		
	(a) Descript		(b) Book value		
(1)		7 - 27.			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 15)				
Part X	Other Liabilities.	<del></del>			
, 4, 7, 7	Complete if the organization answered "Yes	s" to Form 990 Part IV line	e 11e or 11f See Form 990 Part X		
	line 25.	5 (6 ) 6 m 6 6 6 , 1 di ( 1 v , m 6	or the or the occitominator, tally,		
1.	(a) Description of liability	(b) Book value			
	income taxes	(b) Book value	-		
	income taxes		-		
(2)	<del> </del>	<del></del>	4		
(3)	<del></del>	· · · · · · · · · · · · · · · · · · ·	4		
(4)			4		
(5)			4		
(6)			4		
_(7)			_{		
			4		
(9)			_{_		
	n (b) must equal Form 990, Part X, col (B) line 25 ) ▶				
2 Liability for	uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization's fina	ancial statements that reports the		

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2014 OTTERBEIN RECREATION ASSOC INC	20-24915	23	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" to Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of pnor year grants	2c	]	
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )			
С	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Pa	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Par	t IV, line 12a.		
1	Total expenses and losses per audited financial statements	·- ·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>」</b>	
b	Other (Describe in Part XIII )			
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

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

Schedule D (Form 990) 2014 OTTERBEIN RECREATION ASSOC INC

20-2491523

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2014

20 14

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer Identification number

OTTERBEIN RECREATION ASSOC INC

20-2491523

Form 990 - Organization's Mission

THE ORGANIZATION CURRENTLY PROVIDES A YOUTH SUMMER RECREATUINAL BASEBALL ABD SOFTBALL PROGRAM. SPECIFIC ACTIVITIES OF THE ORGANIZATION INCLUDE SELECTION AND MANGEMENT OP VOLUNTEERS, PURCHASING AND MAINYENANCE OF EQUIPMENT AND SUPPLIES, MAINTENANCE AND UPKEEP OF COMMUNITY OWNED FIELDS AND MANAGEMENTAND ORGANIZATION OF SEASON ACTIVITIES

Form 990, Part VI, Line 7a - Election of Members and Their Rights BOARD APPOINTS MEMBERS

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members ALL MANAGEMENT DECISIONS MADE BY MEMBERS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 BOARD GIVEN COPY TO REVIEW

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part IX, Line 24e - Other Expenses

Description

Amount

1,932

**UMPIRES** 

\$ 2,415 \$ 0 \$ 0 ADMINISTRATIVE

\$

0

\$

0

Schedule O (Form 990 or 990-EZ) (2014) Page						Page <b>2</b>
Name of the organization	<del>-</del>				Employer identification	
OTTERBEIN	RECREATION	ASSOC INC			20-24915	523
TOURNEY F	EES					
	\$	1,715	\$	0	\$	0
AWARDS						
	\$	1,302	\$	0	\$	0
SIGNS						
	\$	720	\$	0	\$	0