

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, *e.g.*, Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements

Please contact your FORVIS advisor if you have questions about these rules.

Return of Organization Exempt From Income Tax

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or th	e 2021	calendar year, or tax year beginning	07/	01/2021	and en	ding	_	06,	/30/2022	
_			C Name of organization					D Employer ide	ntifica	tion number	
B	Check if a	pplicable:	WABASH COLLEGE								
			Doing business as					35-0868	3202	2	
	7		Number and street (or P.O. box if mail is not delivered	ed to street addres	ss)	Room/s	uite	+			
	+	-	P. O. BOX 352					(765)3	51-	6011	
				foreign postal code	e			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0011	
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	b	Net u	nrelated business taxable income from Form 990	-T, Part I, line 1	1				7b		NONE
								Prior Year		Current Yea	ır
ø	8	Contri	ibutions and grants (Part VIII, line 1h)					17,388,64	13.	37,535,3	100.
nue	9	Progra	am service revenue (Part VIII, line 2g)					48,465,36	59.	47,544,3	191.
ě	10							19,326,62	22.	8,719,8	831.
œ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	c, 10c, and 11e))			213,71	L8.	75,	580.
	12							85,394,35	2.	93,874,	702.
	13							28,682,80)4.		
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s								27,418,71	1.	27,263,9	963.
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ets	20	Total	assets (Part Y line 16)				<u>_</u>		_		
Ass Bal	21										
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				; 20				337,031,37	0.	550,191,2	<u> </u>
			<u> </u>	neluding accomp	anvina sched	ules and	etatemente	and to the heet of	my k	rnowledge and heli	of it is
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is	based on all infor	mation of wh	ich prepa	rer has any l	knowledge.	illy N	thowleage and being	CI, IL IS
	Design Surviverse are Design Surviverse are Design Surviverse and process Design Surviverse and process Design Surviverse Design Surv										
Sia	ın	5	Signature of officer						15/2	2023	
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	Per mol organization: X Corporation Trust Association Other L Year of formation: 1832 M State of legal domicite: IN										
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	•							Firm's EIN	4	4-0160260	
						N 462	204	Phone no.	3.	17-383-4000)
Ma	y the	IRS d	iscuss this return with the preparer shown	above? See ir	nstructions						
For	Pane	rwork	Reduction Act Notice, see the separate instruc-	tions						Form 990 ((2021)

Form 990 (2021) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: WABASH COLLEGE IS A LIBERAL ARTS COLLEGE FOR MEN THAT EDUCATES THEM TO THINK CRITICALLY, ACT RESPONSIBLY, LEAD EFFECTIVELY, AND LIVE HUMANELY. 2 Did the organization undertake any significant program services during the year which were not listed on the 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. _) (Expenses \$ _____76,726,245._ including grants of \$ _____28,416,664._) (Revenue \$ 4a (Code: INSTRUCTION - THE ACADEMIC INSTRUCTION PROGRAM. STUDENT SERVICES AND ATHLETICS - ACTIVITIES WHOSE PRIMARY GOAL IS TO CONTRIBUTE TO THE STUDENT'S EMOTIONAL AND PHYSICAL WELL-BEING AS WELL AS INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT OUTSIDE OF THE CLASSROOM. ACADEMIC SUPPORT AND LIBRARY - SUPPORT SERVICES FOR INSTRUCTION, RESEARCH, AND PUBLIC SERVICE. INCLUDES LIBRARY AND COMPUTER SERVICES. 840 STUDENTS SERVED.) (Revenue \$) (Expenses \$ **4b** (Code: including grants of \$) (Revenue \$ **4c** (Code:) (Expenses \$ including grants of \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses ▶ 76,726,245.

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Form 990 (2021) Page **3**

			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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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,	_		3.5
	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	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-	Λ	
·	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	441		
_	of its total assets reported in Part X, line 16? <i>If "Yes," 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	11b	X	
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Λ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	3.7
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
D	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	Х	
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	Х	
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?	10		7.7
20 -	If "Yes," complete Schedule G, Part III	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV

Checklist of Required Schedules

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Part	Checklist of Required Schedules (continued)			
	. , ,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	
24 a	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	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	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		Х
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	274		21
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h		ZJa		
D	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?	25h		37
20	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 the 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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 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 Schedule N, Part II	32		Х
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		Х
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	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 353			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
ISA		_	000	

WABASH COLLEGE 35-0868202 Form 990 (2021) Page 5 Nο Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 983 Statements, filed for the calendar year ending with or within the year covered by this return. . L 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?........... 3a **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **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). Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Χ 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х 7f Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources. (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Х If "Yes," see the instructions and file Form 4720, Schedule N. 16 Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

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If "Yes," complete Form 6069.

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Form 990 (2021) Page 6 WABASH COLLEGE 35-0868202

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

Sect	ion A. Governing Body and Management	•		• • •		
0000	1011 A. OOTET HING Body and management				Yes	No
		1a	39			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	та	39			
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or ur	der t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		X
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 el					
ı a	one or more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval			7b		Х
_	stockholders, or persons other than the governing body?			7.5		- 1
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	en during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	ırpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to	hat c	ould give			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngomont			
IVa	with a taxable entity during the year?	ı ana	ingement	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		aluata ita			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, IN,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	gan	and QQQ.T	(800	tion 5	01(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		anu 990-1	(360	1011 3	U I (U)
	X Own website Another's website X Upon request Other (explain on Sc	-	e ())			
10			,	f into:	oct ~	oliov
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	ieilis,	COMMICE O	ı ıııter	esi þ	oncy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's because of the person who possesses the organization's because of the person who possesses the organization's because of the public during the tax year.	ooks.	and record	c k		
20	KENDRA A. COOKS P.O. BOX 352 CRAWFORDSVILLE, IN 47933	JOUKS	anu record	> >		

765-361-6212

Form **990** (2021)

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the instructions for the order in which to list the persons above.

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

(A)	(B)				C) sition			(D)	(E)	(F)
Name and title	Average	(do r	not c	heck	more	e than c	one	Reportable	Reportable	Estimated amount
	hours			-		is both		compensation	compensation	of other
	per week (list any				_	or/trust		from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	1099-MISC/	1099-MISC/	organization and
	related	vidu	itutic	er	emp	nest	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	el tra	nal		oloye	ë 00				
	below dotted line)	ıste	trus		ě	pen				
	dottod iiio)	Ф	tee			Highest compensated employee				
						<u> </u>				
(1) FELLER, SCOTT E.	50.00									
PRESIDENT	1.00	X		Х				494,820.	NONE	43,226.
(2) JONES, STEVEN L.	50.00									
DEAN FOR PROF. DEVELOPMENT	NONE					Х		228,335.	NONE	32,168.
(3) COOKS, KENDRA A.	50.00									
CHIEF FINANCIAL OFF/TREASURER	NONE			Х				198,232.	NONE	45,241.
(4) JANSSEN, MICHELLE L.	50.00									
DEAN FOR ADVANCEMENT	NONE					Х		199,016.	NONE	36,742.
(5) MCDORMAN, TODD F.	50.00									
ACTING DEAN OF THE COLLEGE	NONE					X		158,405.	NONE	30,760.
(6) AMIDON JR, JAMES L.	50.00									
SECRETARY/CHIEF OF STAFF	NONE			Χ				154,806.	NONE	30,353.
(7) TIMMONS, CHARLES F.	50.00									
DEAN OF ENROLLMENT MANAGEMENT	NONE					Х		144,165.	NONE	30,322.
(8) BLAICH, CHARLES M.	50.00									
DIRECTOR OF INQUIRIES-CILA	NONE					X		148,143.	NONE	26,296.
(9) ALLEN, JAY R.	1.00									
CHAIR OF THE BOARD OF TRUSTEES	NONE	X		Х				NONE	NONE	NONE
(10) BOWEN, STEPHEN S.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(11) BRADY, WILLIAM P.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(12) BRAR, AMAN D.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(13) BRAUN, CHRISTOPHER J.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(14) CAMPBELL, STEVEN L.	1.00									
TRUSTEE	NONE	X						NONE	NONE	
										Earm 990 (2021)

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	ontinue	d)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average				sition			Reportable	Reportable		imated	
	hours per	,				e than o is both		compensation	compensation from		ount of other	
	week (list any hours for					tor/trust		from the	related organizations		ensation	
	related	or o	Ins	Officer	Ke)	Highest cc employee	For	organization	(W-2/1099-MISC)		m the	
	organizations below dotted	ividu	titut	icer	em/	hest	Former	(W-2/1099-MISC)		_	nization related	
	line)	tor	ona		Key employee	t cor					nizations	
		Individual trustee or director	Institutional trustee		ee	npei				· ·		
		ě	stee			compensated ee						
15) CASTANIAS, GREGORY A.	1.00					ă						
TRUSTEE	NONE	X						NONE	NONE		NO	ONE
16) CROUSORE, ANDREW P.	1.00											
TRUSTEE	NONE	Х						NONE	NONE		NO	ONE
17) DAVLIN V, JAMES A.	1.00											
TRUSTEE	NONE	Х						NONE	NONE		NO	ONE
18) ESTELL, R. GREGORY	1.00											
TRUSTEE	NONE	Х						NONE	NONE		NO	ONE
19) EVANS, JENNIFER	1.00											
TRUSTEE	NONE	Х						NONE	NONE		NO	ONE
20) EVERSOLE, M. ERIC	1.00											
TRUSTEE	NONE	Х						NONE	NONE		NO	ONE
21) FOX JR, JOHN N.	1.00											
TRUSTEE	NONE	X						NONE	NONE		NO	ONE
22) GRAND, ROBERT T.	1.00											
TRUSTEE	NONE	X						NONE	NONE		NO	ONE
23) JOVANOVICH, RAY W.	1.00											
TRUSTEE	NONE	X						NONE	NONE		NO	ONE
24) KENNEDY III, PETER M.	1.00											
TRUSTEE	NONE	X						NONE	NONE		NO	ONE
25) KENNEY, PHILLIP G.	1.00	-										
TRUSTEE	NONE	X						NONE				ONE
1b Sub-total								1,725,922.	NONE	2	275,10	
c Total from continuation sheets to Part VII, S								NONE				ONE
d Total (add lines 1b and 1c)							_	1,725,922.	NONE		275,10	8.
2 Total number of individuals (including but not reportable compensation from the organization							o re	eceived more than	\$100,000 of			
Teportable compensation from the organization						24					Yes N	lo
2 Did the consciention list one former offi					_			معاملا معاما			163 1	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		
4 For any individual listed on line 1a, is the	sum of rep	oortat	ole o	com	per	nsatior	ı aı	nd other compens	sation from the			
organization and related organizations gr individual										4		
5 Did any person listed on line 1a receive or										7		
for services rendered to the organization? If "Y										5		
Section B. Independent Contractors	23, 23mpio				01	34011	1001	~~., , , , , , , , , , , , , , , , , , ,				
Complete this table for your five highest com	nnensated i	nden	ende	nt :	con	tracto	rs t	hat received more	than \$100 000 o	ıf		
i complete this table for your live highest con	iponsaleu i	uache	JIIUC	J111		4010	. ت	mat received more	, man \$ 100,000 0	•		

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and H	lig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per	(do r	not cl		ition	e than oi	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	box,	unles	ss pe	rson	is both	an	from	related	other
	hours for					or/truste		- the	organizations	compensation
	related organizations	r dir	nstitu	Officer	Key employee	Highest cc employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	dual	ıtion	4	mplc	st co	P	(** 2/1000 1/1100)		and related
	line)	Individual trustee or director	al tr		уее)mpe				organizations
		.ee	Institutional trustee			compensated ee				
						ted.				
(26) KILBANE, JAMES J.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(27) KOLISEK, FRANK R. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(28) LADRIERE II, RAYMOND E.	1.00	_ ^						NONE	NONE	NONE
TRUSTEE	NONE	X						NONE	NONE	NONE
29) LEWIS, DAVID P.	1.00								-	
TRUSTEE	NONE	Х						NONE	NONE	NONE
30) MCNAUGHT JR, HARRY F.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(31) OLSON, CORY M.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(32) PERKINS, JEFFREY M. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
33) PFLEDDERER, KELLY D.	1.00							NONE	NONE	NONE
TRUSTEE	NONE	X						NONE	NONE	NONE
34) REAMEY, GARY D.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(35) SCHROEDER, JOHN C.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(36) SHELBOURNE, K. DONALD	1.00							17017	110117	11011
TRUSTEE	NONE	X					_	NONE	NONE	NONE
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •					
d Total (add lines 1b and 1c)	=						•			
2 Total number of individuals (including but not			liste	d al	bove	e) who	re	eceived more than	\$100,000 of	
reportable compensation from the organizatio	n 🕨									
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the										
organization and related organizations gr individual										4
5 Did any person listed on line 1a receive or										
for services rendered to the organization? <i>If "Y</i>										5
Section B. Independent Contractors										
1 Complete this table for your five highest comcompensation from the organization. Report of										

year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, T		y En	ipio			and F	ııgı		ea Employees (c	·
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average	(do.		Posi		than		Reportable	Reportable	Estimated
	hours per week (list any	,				than o		compensation from	compensation from related	amount of other
	hours for	office	er and	l a di	irect	or/trust	ee)	the	organizations	compensation
	related	Indi or d	Inst	Officer	Key	High emp	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	vidu	ituti	cer	em	nest oloye	ner	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	Institutional trustee		Key employee	con e				organizations
		uste	trus		ее	nper				
		Ф	tee			Highest compensated employee				
20. (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	1 00					ğ				
37) SHERWIN, ROBERT A.	1.00									17017
TRUSTEE	NONE	X						NONE	NONE	NON
38) SNODELL III, WALTER S.	1.00	37						NONE	NONE	NTONT:
TRUSTEE	NONE	X	\vdash					NONE	NONE	NON
39) TURK, JOSEPH E.	1.00	37						NONE	NONE	NTONT:
TRUSTEE	NONE	X						NONE	NONE	NON
40) WALSH, THOMAS M. TRUSTEE	1.00 NONE	- v						NONE	MONIE	NIONT
41) WHEELER, WILLIAM J.	1.00	X						NONE	NONE	NON
CHAIR OF THE EXEC COMMITTEE	NONE	x		x				NONE	NONE	NON
42) WILLIAMS, JAMES P.	1.00	_ ^		^				NONE	NONE	IVOIV.
TRUSTEE	NONE	X						NONE	NONE	NON
43) WILSON, PETER C.								INOINE	NONE	IVOIV.
TRUSTEE	NONE	X						NONE	NONE	NON
AA MOOTE DAIII	1.00	21						NONE	NONE	IVOIV.
TRUSTEE	NONE	X						NONE	NONE	NON:
45) WUNDERLICH, KATHLEEN	1.00							110112	110112	11011
TRUSTEE	NONE	Х						NONE	NONE	NON:
46) YARED, RANA	_							1,01,2	1,01,1	21021
TRUSTEE	NONE	X						NONE	NONE	NON
	-†									
1b Sub-total										
c Total from continuation sheets to Part VII,	Section A						•			
d Total (add lines 1b and 1c)							>			
2 Total number of individuals (including but no							o re	ceived more than	\$100,000 of	
reportable compensation from the organizati	ion 🕨									
										Yes No
3 Did the organization list any former off	icer, directo	or, or	tru	stee	e, I	кеу є	emp	loyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sche										3 X
4 For any individual listed on line 1a, is the	sum of rer	oortah	ole c	omr	nen	satio	n ai	nd other compens	sation from the	
organization and related organizations (greater than	\$15	50,00	00?	If	"Yes	s,"	complete Schedu	le J for such	
individual								•		4 X
5 Did any person listed on line 1a receive of										
for services rendered to the organization? If '	'Yes," comple	te Scl	nedu	le J	for	such	per	son		5 X
Section B. Independent Contractors										
 Complete this table for your five highest co compensation from the organization. Report 										

year.

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 25 25

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-57
1:	а	Federated campaigns 1a					
1:	b	Membership dues 1b					
	С	Fundraising events 1c					
'	d	Related organizations 1d	8,233.				
'	е	Government grants (contributions) 1e	2,498,521.				
	f	All other contributions, gifts, grants,	25 200 245				
		and similar amounts not included above . 1f	35,028,346.				
	g	Noncash contributions included in lines 1a-1f	\$ 905,511.				
	h	Total. Add lines 1a-1f		37,535,100.			
	<u>''</u>	Total Add lines 1a-11	Business Code	37733372001			
2	_	TUITION & FEES	611600	36,874,745.	36,874,745.		
"	a	FRATERNITY ROOM AND BOARD	611710	5,337,054.	5,337,054.		
2:		STUDENT ROOM & BOARD	611710	3,689,705.	3,689,705.		
	d	ATHLETIC REVENUE	713940	1,576,490.	1,576,490.		
	e	OTHER INCOME	611710	66,197.	66,197.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		47,544,191.			
3		Investment income (including dividends,	interest, and				
		other similar amounts)	▶	15,177,429.		1,767,663.	13,409,7
4		Income from investment of tax-exempt bond		NONE			
5		Royalties		NONE			
		(i) Real	(ii) Personal				
6		Gross rents 6a	 				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NON		NONE			
	d	Net rental income or (loss)	(ii) Other	NONE			
7	a	sales of assets	(II) Other				
		other than inventory 7a 270,036,290					
١,	b	Less: cost or other basis					
'	~	and sales expenses 7b 276,493,888					
	С	Gain or (loss) 7c -6,457,598					
Ι,		Net gain or (loss)		-6,457,598.			-6,457,59
88		Gross income from fundraising					
	-	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from fundraising events	▶	NONE			
9	а	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
108	а	Gross sales of inventory, less					
		returns and allowances					
1		Less: cost of goods sold					
+ '	С	Net income or (loss) from sales of inventory.		75,580.	35,761.	39,819.	
			Business Code				
111							
	b						
	Q C	All other revenue					
		Total. Add lines 11a-11d		NONE			
12		Total revenue. See instructions		93,874,702.	47,579,952.	1,807,482.	6,952,16
		The second secon		23,3.2,702.	1.,5.5,552.		Form 990 (20
51 1.0		5855 D310 05/10/2023 10:57:	2.0	33946			15

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 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	701,724.	701,724.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	27,684,940.	27,684,940.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	30,000.	30,000.					
4	Benefits paid to or for members	NONE						
5	Compensation of current officers, directors,							
	trustees, and key employees	966,678.	799,428.	152,553.	14,697			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	NONE						
	Other salaries and wages	21,533,641.	17,837,221.	3,066,595.	629,825.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	112,913.		86,289.	26,624			
9	`` ` ` ` ` ` [3,295,757.	2,738,519.	480,138.	77,100			
10	Payroll taxes	1,354,974.	1,207,406.	111,962.	35,606			
	Fees for services (nonemployees):			·				
	Management	102,332.	38,476.		63,856			
	Legal	167,626.	2,555.	161,125.	3,946			
	Accounting	190,571.		190,571.				
	Lobbying	NONE						
	Professional fundraising services. See Part IV, line 17	250,409.			250,409.			
	Investment management fees	1,286,250.		1,286,250.				
	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A), amount, list line 11g expenses on Schedule O.)	3,136,932.	2,127,710.	937,400.	71,822.			
12	Advertising and promotion	676,948.	350,408.	314.	326,226.			
13	Office expenses	814,456.	752,001.	34,274.	28,181.			
14	Information technology	759,087.	680,794.	10,036.	68,257			
15	Royalties	NONE						
16	Occupancy	8,497,023.	7,860,456.	502,453.	134,114.			
17	Travel	1,608,105.	1,443,764.	58,700.	105,641.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	NONE						
	Conferences, conventions, and meetings	8,325.	7,530.	795.				
	Interest	1,058,374.	1,019,541.	38,833.				
	Payments to affiliates	NONE		101 700				
	Depreciation, depletion, and amortization	5,285,719.	5,157,420.	126,792.	1,507			
	Insurance	813,296.	263,204.	550,092.				
24	Other expenses. Itemize expenses not covered							
	above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)							
		2 600 206	2 600 206					
	STUDENT ROOM & BOARD	3,628,326.	3,628,326.	170 210	060 270			
	MEALS DOOKS DEDICATE AND MEDI	1,341,661.	892,972.	179,319.	269,370.			
	BOOKS, PERIODICALS, AND MEDI	491,066.	490,417.	459.	190			
	OFF CAMPUS EXPENSES	282,801.	87,827.	190,518.	4,456			
	All other expenses	1,110,745. 87,190,679.	923,606. 76,726,245.	168,797.	18,342			
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	01,130,013.	10,120,243.	8,334,265.	2,130,169.			
	organization reported in column (B) joint costs							
	from a combined educational campaign and fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)							

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11.		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	
	17	Accounts payable and accrued expenses		17	
	18	Gran		18	
	19	Gian		19	
	20			20	
	20			21	
				21	
				22	
				23	
				24	
				27	
				25	
				26	
				 	

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Part :	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	3,8	74,	<u>702</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	7,1	90,	<u>679</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		6,6	84,	023
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55	7,8	31,	<u>570</u> .
5	Net unrealized gains (losses) on investments	5	-2	9,7	28,	<u>052</u> .
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 on Schedule O)	9		1,4	09,	<u>732</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	53	<u>6,1</u>	97 <u>,</u>	<u> 273</u> .
Part	·					
	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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	on			
	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 com-	piled	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?			2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		0-	3.7	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the	2.	77	
	Single Audit Act and OMB Circular A-133?			3a	_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			2 h	77	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	aits .		3b	X 990	(2021)
				COUL	333	(2021)

Schedule A (Form 990) 2021 Page **2**

Par	Complete only if you checket Part III. If the organization fair	ed the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
	tion B. Total Support						1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4 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						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	age				
14	Public support percentage for 2021 (li	ne 6, column (f), divided by lin	e 11, column (f))	14	9
15	Public support percentage from 2020						9/
16a	331/3% support test - 2021. If the org						
	box and stop here. The organization q						
b	33 1/3 % support test - 2020. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets	n meets the fa the facts-and-	acts-and-circums circumstances t	stances test, ch est. The organi	eck this box a zation qualifies	nd stop here. as a publicly	Explain in
b	organization	2020. If the or	ganization did ı	not check a box	on line 13, 16	6a, 16b, or 17a	
40	in Part VI how the organization meets organization						▶ ∟
าห	Private tolingation. If the organization	IN AIA NOT CHA	CK A DOX OD IIN	e is the thr	1/2 OT 1/h	Check this hor	k and see

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **3**

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	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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						
<u></u>	line 6.)						
	tion B. Total Support	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	the organizat	ion's first secon	d third fourth	or fifth tax v	ar as a section	501(c)(3)
14	organization, check this box and stop here .	-					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,		_	mn (f))		15	%
16	Public support percentage from 2020 Sche		•			16	<u> </u>
	tion D. Computation of Investment						/0
<u> </u>	Investment income percentage for 2021 (lin			13. column (f))		17	%
18	Investment income percentage from 2020 S						%
	331/3% support tests - 2021. If the or						
. J u	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2020. If the orga	-	-	•			
IJ	line 18 is not more than 331/3 %, check						. \square
20	Private foundation. If the organization of		•	•			. —

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Schedule A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 lines 3b and 3c 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.	3с		
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.	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 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).	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		
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 on 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 on 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.**

10 a 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.)

9b

9c

10a

33946

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Schedu	le A (Form 990) 2021		ı	Page 5		
Part	V Supporting Organizations (continued)		1			
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-				
L	11c below, the governing body of a supported organization?	11a 11b				
b	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a are 11b shows? If "Yea" to line 11a, 11b, or 11a	110				
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c				
Secti	on B. Type I Supporting Organizations	110				
	51. 21. Type i capper ang organizations		Yes	No		
	Did the associate had a second of the associate had a fitting at the institute of the second of the					
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or					
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)					
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported					
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the					
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported					
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part					
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2		<u> </u>		
Secti	on C. Type II Supporting Organizations		1			
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control					
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
Secti	on D. All Type III Supporting Organizations	1				
36011	511 D. All Type III Supporting Organizations		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior					
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously					
	provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how					
	the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have					
	a significant voice in the organization's investment policies and in directing the use of the organization's					
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's					
	supported organizations played in this regard.	3				
	on E. Type III Functionally Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).			
a	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.			-1		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		s). No		
2	Activities Test. Answer lines 2a and 2b below.		162	NO		
а	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.	2a				
b	Did the activities described on 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.	2b				
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>					
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.	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
	of its supported organizations? If "Ves" describe in Part VI the role played by the organization in this regard	26				

Schedule A (Form 990) 2021 Page **6**

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Se	ction 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						
Se	ction 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):							
_	Acquisition indebtedness applicable to non-exempt-use assets	2						
	Subtract line 2 from line 1d.	3						
_		- 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						
Se	ction C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2		2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4		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-functional	lly integra	ited Type III supporting	g organization				

Schedule A (Form 990) 2021

(see instructions).

 Schedule A (Form 990) 2021
 Page 7

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1				
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed					
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpo	3						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)							
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.	8						
9	Distributable amount for 2021 from Section C, line 6	9						
10	10 Line 8 amount divided by line 9 amount							
		(1)	(ii)		(iii)			

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Name of organization

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) (c) Name, address, and ZIP + 4 Total contributions		(d) Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$	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	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$	Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

35_0868202

	WABASH COLLEGE		35-0000202
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	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
8	N/A	\$\$	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
9	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$\$	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
12	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0000202
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$\$	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
15	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$1,041,669.	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
17	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

WARASH COLLEGE

35-0868202

WABASH COLLEGE 35-0868202 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 19 N/APerson **Payroll** Х 504,834. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 20 Χ N/APerson **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 21 N/AΧ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 Χ N/APerson **Payroll** 5,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 Χ N/APerson **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 24 N/A Person **Payroll** \$ 6,000. Noncash (Complete Part II for

Name of organization

Employer identification number

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$\$, 7,317.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	N/A	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	N/A	\$\$	Person X Payroll Noncash (Complete Part II for

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	N/A	\$\$	Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	N/A	\$\$	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
40	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41_	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	N/A	\$611,234.	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE Employer identification number 35-0868202

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
43	N/A	\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
44	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
45	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
46	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
47	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
48	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	N/A	\$\$6,400.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	N/A	\$\$ 491,350.	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
53	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	N/A	\$\$	Person X Payroll Noncash (Complete Part II for

Name of organization	Employer identification number
WARASH COLLEGE	35-0868202

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$\$	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
56	N/A	\$\$ 8,233.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	N/A	\$\$	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
58	N/A	\$\$.	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
59	N/A	\$\$17,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number WABASH COLLEGE 35-0868202

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
62	N/A	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution

\$

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	N/A	\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	N/A	\$ 30,128.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Х

Person Payroll

Noncash

12,000.

63

N/A

Name of organization

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	N/A	\$\$	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
71	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	N/A	\$\$	Person Payroll Noncash (Complete Part II for

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	N/A	\$\$,496.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	N/A	\$\$	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
77	N/A	\$\$	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
78	<u>N/A</u>	\$	Person X Payroll Noncash (Complete Part II for

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	N/A	\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	N/A	\$\$	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	N/A	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	N/A	\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is r	needed.

		·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91_	N/A	\$ \$	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
92	N/A	\$5,129.	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
93	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94_	N/A	\$\$	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
95	N/A	\$11,950.	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
96_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99_	N/A	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100	N/A	\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102	N/A		Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Name of organization
WABASH COLLEGE
Employer identification number
35-0868202

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
103	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105	N/A	- - \$\$	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
106_	N/A	\$1,000,000.	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
107	N/A	- - \$ 27,869.	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
108	N/A	-	Person X Payroll

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Schedule B (Form 990) (2021) Name of organization Employer identification number

	WABASH COLLEGE	35-0868202
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
109	N/A	\$ 100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	N/A	\$15,352	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_111	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113	N/A	\$2,114.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114_	N/A	\$ 7,938.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is r	needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_118	N/A	\$6,614	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JSA

Name of organization Employer identification number

WABASH COLLEGE 35-0868202 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 121 Χ N/A Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (c) (a) (b) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 122 Χ N/APerson **Payroll** 3,067,500. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 123 N/AΧ Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 124 Χ N/APerson **Payroll** 5,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 125 Χ N/APerson **Payroll** 50,132. Х Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 126 N/A Person **Payroll** \$ 27,254. Noncash

(Complete Part II for noncash contributions.)

Name of organization Employer identification number WABASH COLLEGE 35-0868202

Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_128	N/A	\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
130	N/A	\$105,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131	N/A	\$6,336.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WABASH COLLEGE

WABASH COLLEGE

35-0868202

	WIBISH COLLEGE		33 0000Z0Z
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
133	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135_	N/A	\$\$, 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_136	N/A	\$\$, 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137	N/A	\$\$ 8,100.	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
_138	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

35_0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_141	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_144	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WABASH COLLEGE

WABASH COLLEGE

35-0868202

	WINDINGT COLLEGE		33 0000202	
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	
145_	N/A	\$10,537.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
146	N/A	\$ 87,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
147_	N/A	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
148_	N/A	\$ 7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
149	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_150	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization Employer identification number

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	N/A	\$\$, 7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156	N/A		Person X

X

Payroll

Noncash (Complete Part II for noncash contributions.)

11,004.

\$

Name of organization

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_159	N/A	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161	N/A	\$\$, 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162_	N/A	\$12,250.	Person X Payroll Noncash

Noncash
(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

35_0868202

	WABASH COLLEGE		35-0000202
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164_	N/A	\$7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165_	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167	N/A	\$5,000.	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
_168	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0000202
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	N/A	\$1,591.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_170	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_171	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
172	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
173	N/A	\$8,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_174	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176_	N/A	\$\$	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
177_	N/A	\$\$	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
178_	N/A	\$\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179_	N/A	\$\$\$	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

Х

Person Payroll

Noncash
(Complete Part II for noncash contributions.)

5,000.

180

N/A

\$

Name of organization

Employer identification number

35_0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	N/A	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182_	N/A	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186_	N/A	\$\$,	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	N/A	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189_	N/A	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
190	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
191	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
194_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_195	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
196	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
197	N/A	\$\$ 8,800.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
198_	N/A	\$\$	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Name of organization

WABASH COLLEGE

WABASH COLLEGE

35-0868202

	WINDINGT COLLEGE		33 0000202		
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		
199	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
200	N/A	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_201	N/A	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
202	N/A	\$82,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
203	N/A	\$ 15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_204	N/A	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	N/A	\$\$	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
206	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207	N/A	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
208_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_210	N/A	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

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	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
214	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_215	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_216	<u>N/A</u>	\$\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

	WABASH COLLEGE		35-0868202		
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
217	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
218	N/A	\$\$17,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
219	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
220	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
221	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
222_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for		

noncash contributions.)

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0000202
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_224	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_225	N/A	\$ 7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_226	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227	N/A	\$\$	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
_228	N/A	\$10,225.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0000202
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	N/A	\$\$	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
230	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
231	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
232	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233	N/A	\$\$5,200.	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
234_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number
WABASH COLLEGE 35-0868202

	Tronsacti Toporty (600 monactions). Goo daphodic copies	or rare in in additional opaco to rioc	aca.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
19_	PUBLICLY TRADED SECURITIES				
		\$\$	06/14/2022		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
75_	PUBLICLY TRADED SECURITIES				
		\$9,496	06/08/2022		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
88_	PUBLICLY TRADED SECURITIES				
		\$\$, 5,161.	11/19/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
92	PUBLICLY TRADED SECURITIES				
		\$5,129.	12/06/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
93	PUBLICLY TRADED SECURITIES	_			
		\$ \$10,390	11/12/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
94	PUBLICLY TRADED SECURITIES	_			
		\$\$	11/29/2021		

Name of organization Employer identification number

WABASH COLLEGE 35-0868202

	Trondant roporty (550 mondonome). 550 duplicate copies					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
103	PUBLICLY TRADED SECURITIES					
		\\$12,176	12/02/2021			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
110	PUBLICLY TRADED SECURITIES					
		\$15,352.	05/06/2022			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
114_	PUBLICLY TRADED SECURITIES	_				
		\$7,938.	04/01/2022			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
116_	PUBLICLY TRADED SECURITIES	_				
		\$20,845	12/17/2021			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	PUBLICLY TRADED SECURITIES					
		\$6,614.	12/09/2021			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
125	PUBLICLY TRADED SECURITIES	_				
		\$\$50,132.	10/15/2021			

Name of organization Employer identification number

WABASH COLLEGE 35-0868202

	Tronsacti Toporty (600 monactions). Goo daphodic copios	or are in a dad in order of a constant	aca.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
131	PUBLICLY TRADED SECURITIES				
		\$6,336	10/20/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
145	PUBLICLY TRADED SECURITIES				
		\$\$	01/13/2022		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
151	PUBLICLY TRADED SECURITIES	_			
		\$	05/19/2022		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
156	PUBLICLY TRADED SECURITIES	_			
		\$11,004	03/11/2022		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
169	PUBLICLY TRADED SECURITIES				
		\$1,591.	02/09/2022		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
185	PUBLICLY TRADED SECURITIES	_			
		 \$150,674.	06/16/2022		

Name of organization Employer identification number

WABASH COLLEGE 35-0868202

. d. e	Trendent reporty (ede mondono). ede dapnodie depled		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
191	PUBLICLY TRADED SECURITIES		
		\$\$	01/24/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
195	PUBLICLY TRADED SECURITIES		
		\$	11/19/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		<u>'</u>	·

WABASH COLLEGE 35-0868202 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

Name of organization

SCHEDULE D (Form 990)

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number

WAE	BASH COLLEGE	35-0868202
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds	
	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 writing that the asse	ts held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal cor	
6	Did the organization inform all grantees, donors, and donor advisors in writing that	
•	only for charitable purposes and not for the benefit of the donor or donor advisor,	=
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
-		ervation of a historically important land area
		ervation of a certified historic structure
	Preservation of open space	invalidit of a certifica flistoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	oution in the form of a conservation
2	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С.	Number of conservation easements on a certified historic structure included in (a) .	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not	
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished,	or terminated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring,	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and e	nforcing conservation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement	orcing conservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its rev	
	balance sheet, and include, if applicable, the text of the footnote to the organization'	s financial statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, o	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its	revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, edu service, provide in Part XIII the text of the footnote to its financial statements that des	ication, or research in furtherance of public scribes these items
b	If the organization elected, as permitted under FASB ASC 958, to report in its re-	
	art, historical treasures, or other similar assets held for public exhibition, education	
	provide the following amounts relating to these items:	,
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other	similar assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these item	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

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

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 WABASH COLLEGE 35-0868202 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histor	ical Treas	ures, o	r Other	Similar Asset	ts (co	ntinued)
3	Using the organization's acquisition	n, accession, and o	other record	s, check ar	ny of the	e follow	ing that make	signifi	cant use	e of its
	collection items (check all that app	ly):								
а	X Public exhibition		d X	Loan or e	xchange	e prograi	m			
b	X Scholarly research		е 🗌	Other						
С	X Preservation for future gene	rations								
4	Provide a description of the organ	nization's collections	and explai	n how they	further	the or	ganization's exe	empt p	urpose	in Part
	XIII.									
5	During the year, did the organization	n solicit or receive o	donations of	art, historic	al treası	ures, or	other similar			
	assets to be sold to raise funds rath	er than to be maint	ained as par	t of the orga	anizatior	n's collec	ction?		Yes	X No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	es" on Form	n 990, Part	: IV, line	9, or r	eported an am	nount	on Forn	n
1 a	Is the organization an agent, trus	tee, custodian or o	ther interme	ediary for c	ontribut	ions or	other assets n	ot		
	included on Form 990, Part X?							. L	Yes	No
b	If "Yes," explain the arrangement is	n Part XIII and comp	olete the follo	wing table:						
							Amo	ount		
С	Beginning balance				1c					
d	Additions during the year									
е	Distributions during the year				1e					
f	Ending balance				1f			_		
	Did the organization include an am						•		Yes	No
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the exp	planation has	s been p	rovided	on Part XIII			
Pa	rt V Endowment Funds.				N/ lin a	. 40				
	Complete if the organiza						(N T)			
	•	(a) Current year	(b) Prior	,) Two yea		(d) Three years ba		e) Four yea	
1 a	Beginning of year balance	409,721,338.	327,543		335,639,		341,122,051		331,748	
b	Contributions	5,190,657.	4,769	,753.	8,249,	288.	8,788,144	4.	3,718	8,112.
С	Net investment earnings, gains,						,_	_		
	and losses	-19,065,560.	96,621		2,343,		5,740,391			1,741.
d	Grants or scholarships	4,287,976.	4,183	,395.	3,993,	039.	4,258,561	1.	4,700	0,054.
е	Other expenditures for facilities	12 600 402	12.000		12 550	F 4.0	14 664 02		15 00	
	and programs	13,692,403.	13,802		13,752,		14,664,834			1,747.
f	Administrative expenses	1,324,726.		7,191.	944,		1,087,471			4,929.
g	End of year balance	376,541,330.	409,72	•	327,543,		335,639,720	J.	341,122	2,051.
2	Provide the estimated percentage			(line 1g, col	umn (a))	held as				
a	Board designated or quasi-endown Permanent endowment ► 53.1		_ ⁷⁰							
	Term endowment ► 0.2000									
C	The percentages on lines 2a, 2b, a	•	100%							
32	Are there endowment funds not in	·		ion that are	hald an	ıd admir	sistered for the			
Ju	organization by:	the possession of the	ic organizat	ion that are	noid an	a admii	iisterea for the		Ye	s No
	(i) Unrelated organizations							ſ	3a(i)	X
	(ii) Related organizations							F	3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate								3b	
4	Describe in Part XIII the intended u	•	•					(
_	rt VI Land, Buildings, and Equ	ipment.								
	Complete if the organiza	ation answered "Y								
	Description of property	(a) Cost or	other basis tment)	(b) Cost or oth (other)			cumulated eciation	(d) l	Book value	
1a	Land		,	13,112				1	3,112,	.679.
b	Buildings			189,696		79.8	29,350.		9,867,	
C	Leasehold improvements			, 0		, , ,	,		, 1	
d	Equipment			24,839	,006.	22.1	33,139.		2,705,	,867.
е	Other			1,106		, -			1,106,	
Tota	I. Add lines 1a through 1e. (Column		ກ 990, Part >			Oc.)	▶		6,792,	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 WABASH COLLEGE 35-0868202 Page **3**

			-
Part VII	Investments - Other	r Securities.	

Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	313,286,904.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	313,286,904.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
_(4)		
<u>(5)</u>		
<u>(6)</u>		
_(7)		
(8)		
<u>(9)</u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value	
(1)CSV LIFE INSURANCE	2,619,495.	
(2)INTEREST IN PERPETUAL TRUSTS	8,613,166.	
(3)REC-CHARITABLE REMAINDER TRUST	26,165,017.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	37,397,678.	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)POST-RETIREMENT BENEFIT OBLIG.	5,392,058.
(3)ANNUITIES AND TRUSTS PAYABLE	4,755,528.
(4)CAPITAL LEASE	427,356.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).	10,574,942.

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.

35-0868202 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part I			n.	
1	Total revenue, gains, and other support per audited financial statements			1	36,922,929.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
- а	Net unrealized gains (losses) on investments	2a	-29,728,052.		
b	Donated services and use of facilities		., .,		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	_	439,096.		
e	Add lines 2a through 2d			2e	-29,288,956.
3	Subtract line 2e from line 1			3	66,211,885.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i			00,211,003.
	Investment expenses not included on Form 990, Part VIII, line 7b	12	1,286,250.		
a				-	
b	Other (Describe in Part XIII.)			4c	27,662,817.
с 5	Add lines 4a and 4b			$\overline{}$	93,874,702.
Part					93,074,702.
ı aıt	Complete if the organization answered "Yes" on Form 990, Part I				
1	Total expenses and losses per audited financial statements			1	59,966,958.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	439,096.		
е	Add lines 2a through 2d			2e	439,096.
3	Subtract line 2e from line 1			3	59,527,862.
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	1,286,250.		
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	27,662,817.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))		5	87,190,679.
Part	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-				
SEE	SUPPLEMENTAL PAGE				

Schedule D (Form 990) 2021 WABASH COLLEGE 35-0868202 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

FOOTNOTES TO FINANCIAL STATEMENTS:

THE COLLEGE'S COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE COLLEGE'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS IN THE STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE REPORTED IN THE YEAR OF ACQUISITION AS DECREASES IN UNRESTRICTED NET ASSETS, OR IN TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS WERE RESTRICTED TO THAT USE BY DONOR STIPULATION. CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT REPORTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES RELATED TO COLLECTION ITEMS ARE REPORTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

THE COLLEGE'S COLLECTIONS CONSIST PRIMARILY OF BOOKS, ARTWORK AND SCIENTIFIC ARTIFACTS. EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THE DISPOSITION OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER COLLECTION ITEMS.

SCHEDULE D, PART III, LINE 4

TX6855 D310 05/10/2023 10:57:36

Schedule D (Form 990) 2021 WABASH COLLEGE 35-0868202 Page **5**

Part XIII Supplemental Information (continued)

FURTHERANCE OF EXEMPT PURPOSE:

EDUCATION - WABASH COLLEGE EMPLOYS THE ART COLLECTION IN CONNECTION WITH THE INSTRUCTION OF ART AND ART HISTORY COURSES.

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS:

ENDOWED FUNDS SUPPORT THE COLLEGE'S MISSION BY PROVIDING SCHOLARSHIPS FOR STUDENTS, FUNDS FOR SPECIAL PROJECTS, AND GENERAL OPERATING FUNDS FOR THE COLLEGE.

SCHEDULE D, PARTS X, LINE 2

ASC 740 DISCLOSURE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PARTS XI, LINE 2D

OTHER RECONCILING ITEMS:

\$439,096 COST OF GOODS SOLD

Schedule D (Form 990) 2021 WABASH COLLEGE 35-0868202 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

OTHER RECONCILING ITEMS:

\$26,376,567 GRANTS AND SCHOLARSHIPS

SCHEDULE D, PART XII, LINE 2D

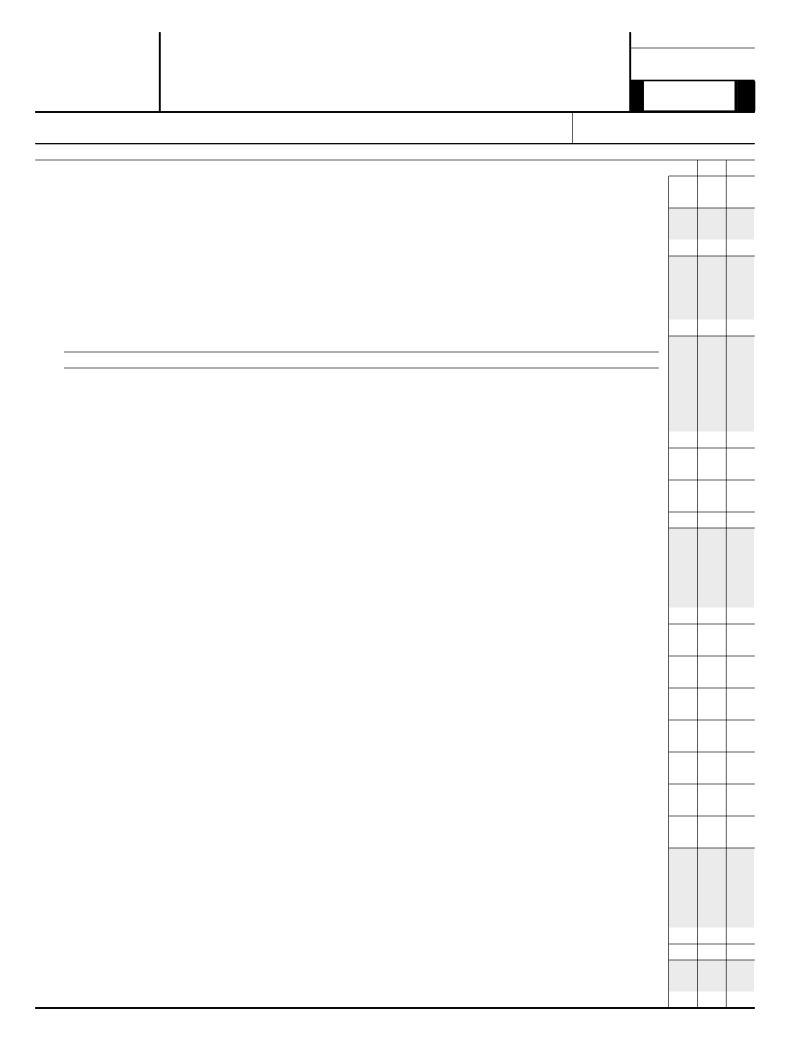
OTHER RECONCILING ITEMS:

\$439,096 COST OF GOODS SOLD

SCHEDULE D, PART XII, LINE 4B

OTHER RECONCILING ITEMS:

\$26,376,567 GRANTS AND SCHOLARSHIPS



Schedule E (Form 990 or 990-EZ) (2021)

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E, PART I, LINE 3

PUBLICATION OF THE ORGANIZATION'S RACIALLY NONDISCRIMINATORY POLICY:
WABASH HAS ITS NONDISCRIMINATION POLICY ON ITS HOMEPAGE. SEE
WWW.WABASH.EDU

SCHEDULE E, PART I, LINE 6A

FINANCIAL AID OR ASSISTANCE RECEIVED FROM A GOVERNMENTAL AGENCY:
WABASH STUDENTS RECEIVE PELL GRANTS, STAFFORD LOANS, PARENT PLUS LOANS,
SEOG, AND FEDERAL WORK STUDY FOR THE SUPPORT OF STUDENTS. THE COLLEGE HAS
RECEIVED GRANTS FROM THE NATIONAL SCIENCE FOUNDATION, USDA, AND NATIONAL
INSTITUTES OF HEALTH TO SUPPORT FACULTY RESEARCH AND SCHOLARLY
ACTIVITIES.

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	BASH COLLEGE				35-086820	
Par	General Information o Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	inswered "Yes" on
1	For grantmakers. Does the org	ganization mai	ntain records	to substantiate the amou	nt of its grants and	
	other assistance, the grantees'	eligibility for t	he grants or	assistance, and the selec	tion criteria used to	
	award the grants or assistance?					X Yes No
2	For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		5,428,146.
						5,125,233
(2)	NORTH AMERICA	NONE	NONE	INVESTMENTS		11,912,825.
(3)	EUROPE	NONE	NONE	INVESTMENTS		586,903.
(4)	NORTH AMERICA	NONE	NONE	GRANTMAKING		30,000.
(5)						
(6)						
(7)						
(8)						
(9)	<u> </u>					
(10)	<u> </u>					
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17) 3a		NONE	NONE			17,957,874.
s a		NOINE	NOINE			11,751,874.
С	Totals (add lines 3a and 3b)	NONE	NONE			17,957,874.

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

Schedule F (Form 990) 2021

 Schedule F (Form 990) 2021
 WABASH COLLEGE
 35-0868202
 Page 2

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)			
(1)			NORTH AMERICA	EDUCATIONAL	30,000.	CHECK						
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												
exe	er total number of recipient or mpt 501(c)(3) organization by tl er total number of other organiz	he IRS, or for which	the grantee or counsel h	nas provided a sec	tion 501(c)(3) equi	valency letter	▶		1			

Schedule F (Form 990) 2021 WABASH COLLEGE 35-0868202 Page **3**

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Part IV Foreign Forms

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 Page 5 WABASH COLLEGE 35-0868202

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).

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE US:

GRANTS ARE MADE TO ACCREDITED SCHOOLS AND SEMINARIES. BOTH FINANCIAL

AND NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

WABASH COLLEGE

Inspection

Employer identification number

35-0868202

Form 990-EZ filers are not re						
1 Indicate whether the organization rais	ed funds through	any of the	following	activities. Check	all that apply.	
a X Mail solicitations	е		itation of	non-government g	grants	
b X Internet and email solicitations	f	X Solid	itation of	government grant	s	
c X Phone solicitations	g	X Spec	cial fundra	ising events		
d X In-person solicitations						
2a Did the organization have a written or	oral agreement w	ith any ind	dividual (ir	ncluding officers.	lirectors, trustees.	
or key employees listed in Form 990,						X Yes No
b If "Yes," list the 10 highest paid indiv						fundraiser is to be
compensated at least \$5,000 by the o	organization.			-		
		(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual	(ii) Activity		r control of	(iv) Gross receipts	(or retained by) fundraiser listed in	(or retained by)
or entity (fundraiser)		contributions?		from activity	col. (i)	organization
SEE SUPPLEMENT INFORMATION		Yes	No			
1						
2						
3						
4						
•						
5						
6						
7						
•						
8						
9						
•						
10						
.•						
Total					250,409.	-250,409.
3 List all states in which the organizat	ion is registered o	r licensec	l to solicit	contributions or		
registration or licensing.	ion is registered t	n ilcerisec	i to solicit	Contributions of	nas been notined	it is exempt from
AK,AR,CT,DC,MD,MA,MI,MS,MO,NV	NIII NID 373 1473					
AK, AK, CI, DC, MD, MA, MI, MS, MO, NV	, NA, ND, VA, WA,					

 Schedule G (Form 990) 2021
 WABASH COLLEGE
 35-0868202
 Page 2

Pa	rt l	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000	ent contributions and g			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
(I)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ot Exp	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add line	es 4 through 9 in colu	ımn (d)		
Pa			anization answered "			reported more than
une		\$15,000 on Form 990-EZ, lin	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses		Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	% Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	ımn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)		
9 8	l	Enter the state(s) in which the organisation licensed to condition	anization conducts ga duct gaming activities	ming activities:	es?	Yes No
10a		Were any of the organization's gaming If "Yes," explain:				Yes No

Schedule G (Form 990) 2021

Sched	dule G (Form 990 or 990-EZ) 2021 WABASH COLLEGE	35-0868	202	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_	_
	formed to administer charitable gaming?	, . L	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility			<u>%</u>
b	An outside facility	-		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an records:	d		
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives gamin		[¬
	revenue?	📖	Yes	No
b	, , , , , , , , , , , , , , , , , , , ,	tne		
•	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:			
С	if res, effect frame and address of the tillid party.			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceed		_	_
	retain the state gaming license?	🖂	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization of the control of th	tions		
Don	or spent in the organization's own exempt activities during the tax year \$\blacktriangleright\$ \$\text{supplemental Information.} Provide the explanation required by Part I, line 2b, columns (iii)	(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	d	
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i (see instructions).			
SCH	EDULE G, PART 1, LINE 2B			
PRO	FESSIONAL FUNDRAISING SERVICES:			
SIN	CE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT			
REQ	UEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE			
GEN	ERATING ANY REVENUE FROM THESE CONSULTING ACTIVITIES.			

Schedule G (Form 990 or 990-EZ) 2021

WABASH COLLEGE 35-0868202

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

MCALLISTER AND QUINN, LLC

ACTIVITY:
CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 97,200.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -97,200.

NAME:

JOHNSON, GROSSNICKLE

ACTIVITY:
CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 92,584.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -92,584.

NAME:

MINDPOWER INCORPORATED

ACTIVITY:
CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 55,125.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -55,125.

WABASH COLLEGE 35-0868202

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

CRESCENDO INTERACTIVE, INC.

ACTIVITY:
CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 5,500.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -5,500.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Department of the Treasury

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization WABASH COLLEGE 35-0868202 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) AUSTIN PRESBYTERIAN THEOLOGY EDUCATIONAL 100 EAST 27TH STREET AUSTIN, TX 78705-5797 74-1143056 501(C)(3) 38,412. ASSISTANCE (2) KANKAKEE VALLEY SCHOOL CORP EDUCATIONAL 82,384. PO BOX 278 WHEATFIELD, IN 46392 35-1105539 501(C)(3) ASSISTANCE (3) CHICAGO THEOLOGICAL SEMINARY EDITCATIONAL. 5757 SOUTH UNIVERSITY AVENUE 36-2167014 501(C)(3) 29,865. ASSISTANCE (4) BOSTON UNIVERSITY EDUCATIONAL 04-2103547 501(C)(3) 14,900. 745 COMMONWEALTH AVE. BOSTON, MA 02215 ASSISTANCE (5) GEORGE FOX UNIVERSITY EDUCATIONAL 414 N. MERIDIAN NEWBERG, OR 97132 93-0386839 501(C)(3) 10,000. ASSISTANCE (6) COLUMBIA THEOLOGICAL SEMINARY EDUCATIONAL 701 COLUMBIA DRIVE DECATUR, GA 30031 58-0566165 501(C)(3) 10,000. ASSISTANCE (7) COLGATE ROCHESTER CROZER DIV SCHOOL EDUCATIONAL 501(C)(3) 1100 SOUTH GOODMAN STREET 16-0743916 10,000 ASSISTANCE (8) VANDERBILT UNIVERSITY EDUCATIONAL 411 21ST AVENUE SOUTH #113 62-0476822 501(C)(3) 9,750 ASSISTANCE (9) GREAT LAKES COLLEGES ASSOCIATION, INC. EDUCATIONAL 535 WEST WILLIAM NO 301 ANN ARBOR, MI 48103 38-1678376 501(C)(3) 277,729 ASSISTANCE (10) CENTRE COLLEGE EDUCATIONAL 600 WEST WALNUT STREET DANVILLE , KY 40422 61-0444671 501(C)(3) 30,000. ASSISTANCE (11) COLORADO STATE UNIVERSITY EDUCATIONAL 2002 CAMPUS DELIVERY 84-6000545 501(C)(3) 21,060. ASSISTANCE (12) DENISON UNIVERSITY EDUCATIONAL 100 WEST COLLEGE STREET GRANVILLE, OH 43023 31-4379459 501(C)(3) 10,000. ASSISTANCE 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20

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

Schedule I (Form 990) 2021

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2021

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
WABASH COLLEGE						35-0868202	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the	"	•					es on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GARRETT EVANGELICAL							EDUCATIONAL
2121 SHERIDAN ROAD EVANSTON, IL 60201	36-2167085	501(C)(3)	10,000.				ASSISTANCE
(2) GEORGIA STATE UNIVERSITY RESEARCH FOUNDATIO							EDUCATIONAL
58 EDGEWOOD AVE NE, 3RD FLR	58-1845423	501(C)(3)	10,000.				ASSISTANCE
(3) GUSTAVUS ADOLPHUS COLLEGE							EDUCATIONAL
800 WEST COLLEGE AVENUE	41-0695524	501(C)(3)	23,443.				ASSISTANCE
(4) MCCORMICK THEOLOGICAL SEMINARY							EDUCATIONAL
5460 SOUTH UNIVERSITY AVENUE	36-2167802	501(C)(3)	10,000.				ASSISTANCE
(5) MEADVILLE LOMBARD THEOLOGICAL SCHOO							EDUCATIONAL
180 N WABASH AVENUE, STE 700	36-6078270	501(C)(3)	10,000.				ASSISTANCE
(6) METHODIST THEOLOGICAL SCHOOL IN OHIO							EDUCATIONAL
3081 COLUMBUS PIKE DELAWARE, OH 43015-0931	31-4421101	501(C)(3)	12,500.				ASSISTANCE
(7) SOCIETY OF BIBLICAL LITERATURE							EDUCATIONAL
825 HOUSTON MILL ROAD, STE 350	23-6390716	501(C)(3)	74,681.				ASSISTANCE
(8) WESLEY THEOLOGICAL SEMINARY							EDUCATIONAL
4500 MASSACHUSETTS AVENUE NW	53-0245887	501(C)(3)	7,000.				ASSISTANCE
(9)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and Enter total number of other organizations list 	-	•					

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

Schedule I (Form 990) 2021

Schedule I (Form 990) (2021) WABASH COLLEGE 35-0868202 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 non-cash assistance
1 STUDENT GRANTS AND SCHOLARSHIPS	840	26,376,567.			
SIDDENI GRANIS AND SCHOLARSHIPS	840	20,370,307.			
2student prizes	153	66,098.			
3 WABASH CENTER/PASTORAL LEADERSHIP PROGRAM	10	22,635.			
4 STUDENT AWARDS NON FA	144		55,506.	COST	PLAQUES AND APPAREL
5 DAVIS SCHOLARSHIPS	7	40,230.			
6 EMPLOYEE SERVICE AWARDS	44	20,000.			
7COVID RELIEF	615	1,066,716.			

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

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 non-cash assistance
1 FACULTY AND STAFF SUPPORT	17	4,188.			
2 STUDY ABROAD GRANTS	8	33,000.			
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US:

GRANTS ARE MADE TO ACCREDITED SCHOOLS AND SEMINARIES. BOTH FINANCIAL AND

NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED.

WABASH COLLEGE HAS WRITTEN QUALIFICATION CRITERIA FOR STUDENT FINANCIAL

AID AND FOLLOWS A WRITTEN APPROVAL POLICY.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization WABASH COLLEGE

Employer identification number

35-0868202

Part	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	X Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all						
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line						
	1a?	2	X				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee						
_							
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 related organization:						
а	Receive a severance payment or change-of-control payment?	4a		Х			
b							
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the revenues of:						
а	The organization?	5a		Х			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the net earnings of:						
а	The organization?	6a		Х			
b	Any related organization?	6b		X			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_					
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
•	in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 WABASH COLLEGE 35-0868202 Page **2**

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 a	and/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
AMIDON JR, JAMES L. (i)	154,806.	NONE	NONE	16,447.	13,906.	185,159.	
1 SECRETARY/CHIEF OF STAFF (ii	NONE	NONE	NONE	NONE	NONE	NONE	
COOKS, KENDRA A. KENDZZ8	3500.N ₁₉₈ ,232.	FINANCIAL NONE	TREASURERNONE	20,023.	25,218.	243,473.	
AMIDON JR, JAMES L. (i) 1 SECRETARY/CHIEF OF STAFF COOKS, KENDAAA. COOKS, KENDAAA. COOKS, KENDAAA. (ii) CHIEF FINANCIAL OFF/TREASURER (iii)) NONE	425,420. NONE		NONE	NONE	NONE	
			21,900.			NON Ę −2T	REA6 Td(47,500.)
3 (ii		NONE	NONE				
(6)							
4 (ii							
(i)							
(i)							
7 (ii							
8 (ii							
- S (i)							
9 (ii							
10 (ii							
(i)							
11 (ii							
(i))						
_12 (ii)						
(i)							
(C)							
14 (ii							
(6)							
15 (ii							
(1)							
16 (ii)						

)Tj24

Schedule J (Form 990) 2021 WABASH COLLEGE 35-0868202 Page **3**

Part | 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, PART I, LINE 1A

DR SCOTT FELLER, PRESIDENT OF WABASH COLLEGE IS OCCASIONALLY PROVIDED NON-TAXABLE REIMBURSEMENT FOR SPOUSAL TRAVEL TO FURTHER BUSINESS ACTIVITIES CONDUCTED ON BEHALF OF THE COLLEGE. THE VALUE OF PERSONAL USE OF COLLEGE-PROVIDED AUTOMOBILES AND SOCIAL CLUB DUES PROVIDED TO PRESIDENT FELLER WERE RECORDED AND REPORTED AS TAXABLE INCOME ON HIS ANNUAL WAGE AND TAX STATEMENT, IRS FORM W-2.

SCHEDULE J, PART I, LINE 7

THE PRESIDENT IS ELIGIBLE FOR A PERFORMANCE BONUS ANNUALLY BASED ON A

PERCENTAGE OF HIS SALARY, AS OUTLINED IN HIS EMPLOYMENT CONTRACT. IT IS

APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES.

Schedule J (Form 990) 2021 WABASH COLLEGE 35-0868202 Page **3**

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, PART II, COLUMN D

NONTAXABLE BENEFITS:

THE AMOUNT OF NONTAXABLE BENEFITS REPORTED FOR KENDRA COOKS INCLUDES

TUITION ASSISTANCE IN THE AMOUNT OF \$16,000. TUITION ASSISTANCE IS

AVAILABLE TO ALL EMPLOYEES.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization WABASH COLLEGE

Bond Issues

Department of the Treasury

Internal Revenue Service

Part I

Employer identification number 35-0868202

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ed (e) Issue price	(f) De	escription of pu	ırpose	(g) De	feased	(h) beha issu	(i) Poole financin		
										Yes	No	Yes	No	Yes	No
A IN	IDIANA FINANCE AUTHORITY	35-1602316		08/30/201	L9	41,632,000.	REFINANCE 20	01, 2003, &	2013 BONDS		х		Х		Х
B IN	IDIANA FINANCE AUTHORITY	35-1602316		06/17/202	22	15,500,000.	STUDENT HOUS	ING			х		Х		Х
<u>C</u>															L
_															
D															<u></u>
Par	t II Proceeds							_							
4	Amount of hands ratinad			-	1	A 724 40	0	В	С				D		
2	Amount of bonds retired					8,734,40	0.								
3	Total proceeds of issue				1	1,632,00	0 15	500,000.							_
4	Gross proceeds in reserve funds				- 4	1,032,00	0. 15,	300,000.							_
5	Capitalized interest from proceeds														_
6	Proceeds in refunding escrows.				4	7,547,89	1								_
7	Issuance costs from proceeds					84,01									_
8	Credit enhancement from proceeds														_
9	Working capital expenditures from proceeds														_
10	Capital expenditures from proceeds														
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion							_							
					Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refundi	•	•	•											
	if issued prior to 2018, a current refunding issue)				Х			X							
15	Were the bonds issued as part of a refund	•		•											
	issued prior to 2018, an advance refunding issue					X		X							
16	Has the final allocation of proceeds been made?				Х			Х					_		
17	Does the organization maintain adequate b														
	final allocation of proceeds?				X		X								

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021

Pa	rt III Private Business Use GR	OUP 1							
			A		В	(C	Г)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X		X				
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х		X					
Pa	rt IV Arbitrage								
			A		В	(С)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
	Rebate not due yet?	Х		Х					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed				,				
3	Is the bond issue a variable rate issue?		X		X				

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021

Part IV Arbitrage (continued)	ROUP 1							
		A	ı	3	(C	ı)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?		Х		Х				
e Was the hedge terminated?	X			X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		X				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		Х					
Part V Procedures To Undertake Corrective Action								
		Α	I	3	(C	I)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		Х					
Part VI Supplemental Information. Provide additional information for responses	to questioi	ns on Sche	edule K. S	ee instruc	tions.			

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Par	rt I Types of Property				
	зуров от тороно	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ►()				
27	Other ►()				
28	Other ►(
29	Number of Forms 8283 received	-			
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29 P1 0 Tdr
					Yes No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty repTd(y)711187011d(1)11	160311 016 0 0 1 a(t0160 0 012
b					
31					
32a	ı				
b	•				
33					

Part II Suppleme

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

SCHEDULE M, PART I, LINE 33

ART AND COLLECTIBLES THAT ARE ADDED TO WABASH COLLEGE'S COLLECTION ARE NOT REPORTED AS INCOME.

SCHEDULE M, PART I, COLUMN (B)

NUMBER OF CONTRIBUTORS:

WABASH COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTORS IN COLUMN (B).

SCHEDULE M, PART I, LINE 9

SECURITIES - PUBLICLY TRADED:

NONCASH CONTRIBUTIONS ON SCHEDULE M ARE REPORTED IN THE YEAR RECEIVED.

PUBLICLY TRADED SECURITIES IN THE AMOUNT OF \$1,338,412 RECEIVED WERE

PLEDGE PAYMENTS THAT WERE RECORDED AS REVENUE ON PART VIII OF THE FORM

990 IN A PREVIOUS YEAR.

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.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

WABASH COLLEGE

35-0868202

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

CLASSES OF MEMBER OR STOCKHOLDERS:

ALUMNI OF WABASH COLLEGE ARE CONSIDERED MEMBERS. AN ALUMNUS IS ANY PERSON WHO ATTENDED WABASH FOR AT LEAST TWO SEMESTERS. EVERY EVEN-NUMBERED YEAR, ALUMNI ELECT TWO TRUSTEES TO THE BOARD. EVERY ODD-NUMBERED YEAR, ALUMNI ELECT ONE TRUSTEE TO THE BOARD.

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

PROCESS TO REVIEW THE FORM 990:

THE AUDIT COMMITTEE CHAIRMAN, THE CONTROLLER, AND THE CFO/TREASURER DO A
DETAILED REVIEW OF THE 990. THE AUDIT AND RISK COMMITTEE REVIEWS THE
RETURN BEFORE IT IS PROVIDED TO THE FULL BOARD. AN ELECTRONIC COPY OF THE
FORM IS AVAILABLE TO THE ENTIRE BOARD PRIOR TO FILING. AN INDEPENDENT
ACCOUNTING FIRM PERFORMS A DETAILED REVIEW OF THE 990 PRIOR TO FILING.

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

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

CONFLICT OF INTEREST QUESTIONNAIRES ARE SENT TO ALL BOARD MEMBERS. THE

CONTROLLER REVIEWS THE COMPLETED FORMS. THERE HAVE BEEN FEW CONFLICTS ON

THE BOARD, BUT WHEN ONE DOES OCCUR, THE BOARD MEMBER IS RECUSED FROM

VOTING. THE CONFLICT OF INTEREST AND THE RECUSAL ARE NOTED IN THE MINUTES

OF THE BOARD MEETING.

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

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION:

THE PRESIDENT'S COMPENSATION IS REVIEWED AND DETERMINED ANNUALLY BY A COMPENSATION COMMITTEE CONSISTING OF THE CHAIRMAN OF THE BOARD OF TRUSTEES AND THE CHAIRMAN OF THE EXECUTIVE COMMITTEE. THE COMMITTEE

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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

WABASH COLLEGE

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

35-0868202

CONSIDERS DATA FROM OTHER SCHOOLS, NATIONAL SURVEYS AND TRENDS, AND
PERFORMANCE AGAINST GOALS AS PART OF THE REVIEW PROCESS. THE PRESIDENT
REVIEWS AND DETERMINES THE COMPENSATION OF THE DEANS AND THE OTHER
MEMBERS OF THE PRESIDENT'S STAFF ON AN ANNUAL BASIS, WITH THE ADVICE AND
CONSENT OF THE COMPENSATION COMMITTEE. ALL COMPENSATION DECISIONS ARE
NOTED IN THE COLLEGE'S BOOKS AND RECORDS. OFFICER COMPENSATION WAS LAST

FORM 990, PART VI, SECTION C, LINE 19

REVIEWED IN JULY 2022.

GOVERNING DOCUMENTS, CONFLICT OF INT. POLICY, AND FINANCIAL STATEMENTS:
WABASH COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE
FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE WABASH COLLEGE WEBSITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

\$ 248,164	AMORTIZATION OF NET LOSS - NET PERIODIC PENSION COSTS
2,306,158	DEFINED-BENEFIT POSTRETIREMENT HEALTH PLAN
(1,144,590)	PRIOR SERVICE CREDIT RECOGNIZED IN CURRENT YEAR

\$ 1,409,732 TOTAL CHANGE IN NET ASSETS

Name of the organization

WABASH COLLEGE

35-0868202

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SODEXO AND AFFILIATES		
4880 PAYSPHERE CIRCLE		
CHICAGO, IL 60674	CAMPUS SERVICES	3,580,452.
COMPASS GROUP USA, INC.		
301 W WABASH AVE		
CRAWFORDSVILLE, IN 47933	FOOD SERVICE	2,557,204.
STRATEGIC INVESTMENT GROUP, LLC		
1001 NINETEENTH STREET N 16TH FL		
ARLINGTON, VA 22209	INVESTMENT SERVICES	1,143,945.
CAMPUS COOKS LLC		
1400 S WOLF RD		
WHEELING, IL 60090	FOOD SERVICE	782,126.
SHEPLEY BULFINCH RICHARDSON & ABBOTT, IN		
2 SEAPORT LANE		
BOSTON, MA 02210	ARCHITECTURE	729,575.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2021
Open to Public Inspection

WABASH COLLEGE

Employer identification number 35-0868202

Part I	Identification of Disregarded Entities. Complete if the organization	answered "Yes" on	Form 990, Part I	V, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled iity?
						Yes	No
(1) GREAT LAKES COLLEGES ASSOCIATION INC 38-1678376							
535 W WILLIAM NO 301 ANN ARBOR, MI 48103	EDUC. SUPPORT	MI	501(C)3	12 TYPE 1	N/A		Х
(2) INDEPENDENT COLLEGES OF INDIANA, INC. 31-0901001							
30 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46204	EDUC. SUPPORT	IN	501(C)3	12 TYPE 1	N/A		Х
_(3)	_						
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 WABASH COLLEGE 35-0868202 Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1) CHARITABLE REMAINDER TRUSTS (28)	TRUST		N/A	TRUST				
(2)	18051		N/A	INODI				
(3)								
(4)								
<u>(5)</u>								
<u>(6)</u>								
_(7)								

Page 3 35-0868202 Schedule R (Form 990) 2021 WABASH COLLEGE

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

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

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		X
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
	Lease of facilities, equipment, or other assets from related organization(s)	1k		_X_
	Performance of services or membership or fundraising solicitations for related organization(s)	11		_X_
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
0	Sharing of paid employees with related organization(s)	10		X
		4		3.7
	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		
		1r	х	
r	Other transfer of cash or property to related organization(s)	1s		
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 three			
_	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Method	of dete		g
	type (a-s) amo	unt inv	oivea	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
SA	Schedule R (Form	990) 2	2021

Yes No

Schedule R (Form 990) 2021 WABASH COLLEGE 35-0868202 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) Name, address, and EIN of entity	Primary activity Primary activity Legal domicile (state or foreign country) Country) Preduction to the preduction of		(d) Predominant income (related, unrelated, excluded from tax under	(d) (e) Predominant Areal partners section 501(c)(3) organizations?			(g) Share of end-of-year assets	allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	0 managii partner		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
			(state or foreign country)	(state or foreign country) In come (related, excluded from tax under sections 512 - 514) In come (related, excluded from tax under sections 512 - 514) In come (related, excluded from tax under sections 512 - 514) In come (related, excluded from tax under sections 512 - 514) In come (related, excluded from tax under sections 512 - 514)	(state or foreign country) (state or foreign country) (included, excluded from tax under sections 512 - 514) (included, excluded from tax u	(state or foreign country) Income (related unrelated, excluded from tax under sections 512 - 514) Yes No Yes No Income (related, excluded from tax under sections 512 - 514) Yes No Income (related, excluded from tax under sections 512 - 514) Yes No Income (related, excluded from tax under sections 512 - 514) Yes No Income (related, excluded from tax under sections 512 - 514) Income (related, excluded from tax under secti	Income (related, excluded from tax under sections \$12 - \$14) Wes No Total income (related, excluded from tax under sections \$12 - \$14) Wes No Total income sections \$12 - \$14 Wes No Total income sections \$14 Wes No Total inc	(state of brorigh country) in come (leatent) in	(state of roregin country) Income (relating excluded sections 512 - 514) Income (relating excluded sections 512 - 514	(state or foreign country) Income (related workload or foreign coun	Country Coun	(state or foreign country) Income (research cou	Igate of roting in common (reading leading country) and country of the country of

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

•	form, visit www.irs.gov/e-file-providers/e-file-f			structions). For more details on the	e electronic					
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).							
-	ons required to file an income tax return oth		•	20-C filers), partnerships, REMIC	s, and trusts					
Type or	Name of exempt organization or other filer, see in	Taxpayer identification number (TIN)								
print File by the	WABASH COLLEGE Number, street, and room or suite no. If a P.O. bo	35-0868202								
due date for filing your	PO BOX 352									
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CRAWFORDSVILLE, IN 47933									
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	0 1					
Application		Return	Application		Return					
ls For		Code	Is For		Code					
	r Form 990-EZ	01	Form 1041-A		08					
Form 4720 (,	03	Form 4720 (other tha	n individual)	09					
Form 990-PF	(sec. 401(a) or 408(a) trust)	04 05	Form 5227 Form 6069		10					
	(trust other than above)	06	Form 8870		12					
	(corporation)	07	1 01111 0070		12					
 If the orga If this is for the whole a list with the 1 I reque 	P.O. BOX 352 CRA e No. ► 765 361-6212 anization does not have an office or place of lor a Group Return, enter the organization's for e group, check this box ► It is enames and TINs of all members the extension st an automatic 6-month extension of time unorganization named above. The extension is	I business in ur digit Gro f it is for pa ion is for. ntil	Fax No. ▶ In the United States, check to bup Exemption Number (art of the group, check to the group).	(GEN) If t	his is tach					
calendar year 20 or										
nonrefu	application is for Forms 990-PF, 990-T, undable credits. See instructions.			3a \$	NONE					
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$										
	e due. Subtract line 3b from line 3a. In EFTPS (Electronic Federal Tax Payment System	•	' '	orm, if required, by 3c \$	NONE					
Caution: If your instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868,							
Can Duissans A	at and Denamicals Dedication Act Notice are instru			F 00C0	(D 4 0000)					

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Form 990-T		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						OMB No. 1545-0047		
For calendar year 2021 or other tax year beginning 07/01, 2021, and ending 06/30						06/30	20.22	9 91		
Dono	tment of the Treasury		Go to www.irs.gov/For			·				
			enter SSN numbers on this					c)(3).	Open to Public Inspecti 501(c)(3) Organizations	ion for
Α	Check box if			eck box if name chan					loyer identification num	
address changed.		WA							35-0868202	
B Exempt under section		—							Group exemption number	
x		or P	P. O. BOX 352			(see i	nstructions)			
Type F. O. BOX 332 City or town, state or province, country, and ZIP or fore						n postal code				
	408A 530(a)	CR	AWFORDSVILLE, I	N 47933				F	Check box if	
	529(a) 529A C		lue of all assets at end of year			▶ 58	6840055	_	an amended return.	
G	heck organization type		501(c) corporation	501(c) trust		401(a) trust	Other trus	t t		
	heck if filing only to		Claim credit from Form			Claim a refund sh				
	<u> </u>		n filing a consolidated ret) title					
			nedules A (Form 990-T)							
			poration a subsidiary in a							X No
			ntifying number of the pare	• .	и ри	Torit Subsidiary Corti	onca group:		🕨 🔛 103 🛂	<u></u>
	he books are in care of		, , ,	on corporation P		Telephone nu	ımber ▶ 76	5-361		
). BOX 352					3 301	0212	
			WFORDSVILLE, IN	47933						
		Citi	01125 (111	1,733						
Pa	Total Unrelat	ed Bus	iness Taxable Incom	ne						
1			s taxable income comp		nrela	ated trades or bu	sinesses (s	ee		
							•		1,719,	274.
2								I .		
3									1,719,	274.
4										_ , _ •
5									1,719,	274.
6									1,719,	
7			s taxable income befor							_ , _ •
				•						
8			\$1,000, but see instruction						1	NONE
9									-	
10									1	NONE
11			income. Subtract line							
						· ·		·	ין	NONE
Pa	rt II Tax Comput								<u>.</u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1			porations. Multiply Part I,	line 11 by 21% (0.2	21)			> 1	1	NONE
2		-	tes. See instructions for	•						
_	Part I, line 11 from:		Tax rate schedule or			1041)				
3	,	ctions						3		
4			ctions					4		
5	Alternative minimum				• •			5		

Tax on noncompliant facility income. See instructions

For Paperwork Reduction Act Notice, see instructions.

NONE

Form **990-T** (2021)

6

Form 990-T (2021) 35-0868202 Page **2**

Par	t III	Tax and Payments							
1 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a						
b	Other o	redits (see instructions)	1b						
		Il business credit. Attach Form 3800 (see instructions)							
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827).	1d						
		redits. Add lines 1a through 1d				1e			
2	Subtrac	ct line 1e from Part II, line 7				2		N	ONE
3		nounts due. Check if from: Form 4255 Form 8611 Form 8697							
		Other (attach statement)				3			
4	Total ta	ax. Add lines 2 and 3 (see instructions). Lag Check if includes tax previously	deferr	ed under					
	section	1294. Enter tax amount here	> _			4		N	ONE
5	Current	t net 965 tax liability paid from Form 965-A, Part II, column (k)	·			5			
6 a	Payme	nts: A 2020 overpayment credited to 2021	6a						
b	2021 e	stimated tax payments. Check if section 643(g) election applies 🕨	6b						
С	Tax dep	posited with Form 8868	6c						
d	Foreign	organizations: Tax paid or withheld at source (see instructions)	6d						
		withholding (see instructions)							
		or small employer health insurance premiums (attach Form 8941)	6f						
g	Other c	redits, adjustments, and payments: Form 2439							
		orm 4136 Other Total ▶							
7	•	ayments. Add lines 6a through 6g				7			
8		ted tax penalty (see instructions). Check if Form 2220 is attached				8			
9		e. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				9		N	<u>ONE</u>
10		yment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpo	aid			10			
11 Por		e amount of line 10 you want: Credited to 2022 estimated tax	orm	Refunde		11			
	t IV	Statements Regarding Certain Activities and Other Inf						Yes	No
1		time during the 2021 calendar year, did the organization have an i		_				162	NO
		financial account (bank, securities, or other) in a foreign country? I		-					
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes	s, er	iter the name of	tne	roreign	country		37
_	here During	the tax year, did the organization receive a distribution from, or was it the	o ara	enter of or transfer	ror to	o foroi	an truot?		X
2	_	see instructions for other forms the organization may have to file.	ie gra	antor or, or transfer	ioi io,	a lulei	gii iiusi:		Λ_
3		ne amount of tax-exempt interest received or accrued during the tax year		▶ ¢					
4		valiable pre-2018 NOL carryovers here \blacktriangleright \$ $\frac{1}{900}$, $\frac{538}{538}$. Do not inc		_		ıor			
•		on Schedule A (Form 990-T). Don't reduce the NOL carryover sh					artad an		
	Part I, li	,	IOWII	nere by any de	ductic	л тер	oned on		
5	-	117 NOL carryovers. Enter available Business Activity Code and	post-	2017 NOI carry	overs	Don't	reduce		
-		ounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for							
		Business Activity Code		Available post-2		OL carr	yover		
		451211	\$	210,670.					
		901101	_ \$ _	649,163.					
			_ \$ _						
			\$						
		organization change its method of accounting? (see instructions)							X
b		is "Yes," has the organization described the change on Form 990,	990-	-EZ, 990-PF, or I	Form	1128?	If "No,"		
		in Part V							
Par		Supplemental Information							
Provid	de the ex	xplanation required by Part IV, line 6b. Also, provide any other additional inform	nation.	See instructions.					
		SUPPLEMENTAL INFORMATION ATTACHED							
	<u> </u>								
٥.	l h	nder penalties of perjury, I declare that I have examined this return, including accompan elief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all inform					best of my	knowled	ge and
Sigr							RS discuss		
Her		EENDRA COOKS 05/15/2023 CFO,	TR	EASURER	_		preparer sh		_
	S	Print/Type preparer's name Preparer's signature	Т	Date	(se	e instructio	PTIN	s	No
Paid		Nicolo B Eichback	,		Check			7045	_
Prep			Roz	05/15/2023		mployed	P012		5
	Only	Firm's name FORVIS, LLP	т.	T 46204			7 202 4		
JSA		Firm's address ▶ 201 N. ILLINOIS STREET, INDIANAPOLIS	, <u>l</u> l	N 46204	Phone	no. 3⊥	7-383-4 Form 9 9		(2021)
1X274	1 1.000						i Onni J		(2021)

TX6855 D310 05/10/2023 10:57:36

SUPPLEMENTAL INFORMATION

PART NUMBER: SCHEDULE A, PART II

LINE NUMBER: LINE 17

EXPLANATION:

FORM 990-T, SCHEDULE A

INCOME FROM K-1 INVESTMENTS

NOL CARRYFORWARD

06/30/2022

YEAR END	GENERATED	AVAILABLE	UTILIZED	CARRYOVER
6/30/2019	(80,604)	(80,604)	_	(80,604)
6/30/2020	_	_	_	_
6/30/2021	(568,559)	(568,559)	_	(568,559)
6/30/2022	-	-	-	_

SUPPLEMENTAL INFORMATION

PART NUMBER: SCHEDULE A, PART II

LINE NUMBER: LINE 17

EXPLANATION:

FORM 990-T, SCHEDULE A

BOOKSTORE

NOL CARRYFORWARD

06/30/2022

YEAR END	GENERATED	AVAILABLE	UTILIZED	CARRYOVER
6/30/2019	(54,100)	(54,100)	_	(54,100)
6/30/2020	(123,724)	(123,724)	_	(123,724)
6/30/2021	(32,846)	(32,846)	_	(32,846)
6/30/2022	(120,669)	(120,669)	-	(120,669)

FORM 990T, PART I, LINE 6 DETAIL

		LOSS AVAILABLE	LOSS CLAIMED
LOSS YEAR ENDING	ORGINAL LOSS	IN CURRENT YEAR	IN CURRENT YEAR
06/30/2002		NONE	NONE
06/30/2003		NONE	NONE
06/30/2004		NONE	NONE
06/30/2005		NONE	NONE
06/30/2006		NONE	NONE
06/30/2007		NONE	NONE
06/30/2008		NONE	NONE
06/30/2009		NONE	NONE
06/30/2010		NONE	NONE
06/30/2011		NONE	NONE
06/30/2012		NONE	NONE
06/30/2013		NONE	NONE
06/30/2014	157,845.	NONE	NONE
06/30/2015		NONE	NONE
06/30/2016	820,726.	563,035.	563,035.
06/30/2017	853,118.	853,118.	853,118.
06/30/2018	484,385.	484,385.	303,121.
TOTAL:	2,316,074.	1,900,538.	1,719,274.
	=======	=======	=======
NET OPERATING LOSS A	1,900,538.		
TAXABLE INCOME (LINE	1,719,274.		
NET OPERATING LOSS D	DEDUCTION		1,719,274.
			=======

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0074

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Department of the Treasury Internal Revenue Service A Name of the organization B Employer identification number 35-0868202 WABASH COLLEGE C Unrelated business activity code (see instructions) ▶ 451211 D Sequence: 2 of

E De	scribe the unrelated trade or business ►WEEKEND AND IN	ITER	NET BOOKSTO	RE SALES	3	
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1a	Gross receipts or sales271,155.					
b	Less returns and allowances c Balance ▶	1c	271,155.			
2	Cost of goods sold (Part III, line 8)		231,336.			
3	Gross profit. Subtract line 2 from line 1c	3	39,819.			39,819.
4a	Capital gain net income (attach Sch D (Form 1041 or Form		,			,
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts					
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)					
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)					
13	Total. Combine lines 3 through 12		39,819.			39,819.
Pai			nitations on deduc	tions. Deduct	ions r	
	directly connected with the unrelated business incom	e				
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	108,706.
3	Repairs and maintenance					457.
4	Bad debts					
5	Interest (attach statement). See instructions					
6	Taxes and licenses					
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return.		8a		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	35,472.
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		S	TMT 1	14	15,853.
15	Total deductions. Add lines 1 through 14				15	160,488.
16	Unrelated business income before net operating loss deduction	. Sub	tract line 15 from P	art I, line 13,		
	column (C)				16	-120,669.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line	16			18	-120,669.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021 Page **2**

Par	Cost of Goods Sold	Enter method of inventor	ory valuation >		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)		SEE STATEM	IENT 2 5	231,336.
6	Total. Add lines 1 through 5				231,336.
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. I	Enter here and in Part I, line	2	8	231,336.
9	Do the rules of section 263A (with respect to pr	operty produced or acquire	ed for resale) apply to t	he organization?	Yes No
Par	IV Rent Income (From Real Property	and Personal Prope	rty Leased with Re	eal Property)	
1	Description of property (property street address, A B C C	city, state, ZIP code). Check	t if a dual-use. See instru	uctions.	
	D	Α	В	С	
_		Α	В	C	<u>U</u>
2	Rent received or accrued				
а	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
-	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter he	re and on Part I, line 6, o	column (A)	
		· ·		· / · · · · · ·	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part I	, line 6, column (B)		
Par	tV Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	ress, city, state, ZIP code).	Check if a dual-use. See	instructions.	
	A				
	B				
	<u>c</u>				
	D	Α	В	С	
•	O i f	A	В	C	<u> </u>
2	Gross income from or allocable to debt -				
3	financed property Deductions directly connected with or allocable				
J	to debt-financed property				
а	Straight line depreciation (attach statement).				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
•	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6			,,	χ_
8	Total gross income (add line 7, columns A throu	ugh D). Enter here and on P	art I, line 7, column (A)		
	_ , , , , , , , , , , , , , , , , , , ,	- <i>*</i>			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter here ar	nd on Part I, line 7, colum	nn (B)	
11	Total dividends-received deductions included in	line 10		> _	

Schedule A (Form 990-T) 2021 Page 3

Part VI Interest, Ann	nuities, Royalt	ies, and Rents	s from Controlled Organ	izations (see instructions)	Page			
				ntrolled Organizations				
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5			
(1)								
(2)								
(3)								
(4)								
•	'	Nonexe	empt Controlled Organizatio	ons	1			
7. Taxable income	ine	let unrelated come (loss) a instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10			
(1)								
(2)								
(3)								
(4)								
Totals			•	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)			
			(7), (9), or (17) Organiza	ation (see instructions)				
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)			
(1)								
(2)								
(3)								
(4)								
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)			
		/ Income Oth	er Than Advertising Inco	me (see instructions)				
1 Description of exploit		,,		(00001.001010)				
•		om trade or bus	iness. Enter here and on Pa	art I. line 10. column (A)	2			
	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) Expenses directly connected with production of unrelated business income. Enter here and on Part I,							
,	line 10, column (B)							
, , ,		rade or busines	ss. Subtract line 3 from lin	e 2. If a gain complete	3			
lines 5 through 7					4			
ŭ			s income		5			
	•		sincone		6			
•			6, but do not enter more	than the amount on line	0			
4. Enter here and on I				man the amount on line	7			
T. LINGI HOLD AND ON I	. a				1 1 1			

Schedule A (Form 990-T) 2021 Page 4

Par	t IX Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting	two or more periodicals o	n a consolidated ba	sis.	
	Α					
	В					
	c					
	D					
Enter	amounts for each periodical listed above i	n the co	orresponding column.			
	,		A	В	С	D
2	Gross advertising income					
a	Add columns A through D. Enter here an		art L line 11 column (Δ)			
a	Add coldining A tillough D. Enter here an	u on re	art i, iiiie i i i, coluiiiii (A)			
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here an					—
а	Add Coldinins A tillough D. Enter here an	u on ra	irti, iiile 11, coluiliii (b)			. –
4	Advertising gain (loss). Subtract line 3 fro	m lina				
4						
	2. For any column in line 4 showing a	-				
	complete lines 5 through 8. For any colu					
	line 4 showing a loss or zero, do not cor					
_	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less					
	line 5, subtract line 6 from line 5. If line 5					
	than line 6, enter zero					
8	Excess readership costs allowed					
	deduction. For each column showing a g					
_	line 4, enter the lesser of line 4 or line 7.		the	. 0		
а	Add line 8, columns A through D. Part II, line 13		=			, on
	•					· • • • • • • • • • • • • • • • • • • •
Par	t X Compensation of Officers,	Direct	tors, and Trustees (see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					<u> </u>	
(3)					<u> </u>	
(4)						
\ ''					<u>%</u>	
Tota	I. Enter here and on Part II, line 1					
	t XI Supplemental Information (
· ai	Cappionional information	000 111	ioti dotiono)			

SCHEDULE A:WEEKEND AND INTERNET BOOKSTORE SALES PART II - LINE 14 - OTHER DEDUCTIONS

SUPPLIES PURCHASED SERVICES ACCOUNTING FEES MISCELLANEOUS EXPENSE	1,980. 78. 1,333. 12,462.
TOTAL OTHER DEDUCTIONS	15,853.

TX6855 D310 33946 119

STATEMENT 1

SCHEDULE A:WEEKEND AND INTERNET BOOKSTORE SALES PART III - LINE 4B - OTHER COSTS

COST OF GOODS SOLD 231,336.

==========

TX6855 D310 33946 120

STATEMENT 2

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

Open to Public Inspection for

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only

The first territory and the fi	(1)(1)
A Name of the organization	B Employer identification number
WABASH COLLEGE	35-0868202
C Unrelated business activity code (see instructions) ► 901101	D Sequence: 2 of 2

E De	scribe the unrelated trade or business►INCOME FROM K-	·1 I	NVESTMENTS				
Par	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) No	et
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a	150,307.			150.	307.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	,			,	
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
•	statement) SEE. STATEMENT. 1	5	1,617,356.			1,617,	356.
6	Rent income (Part IV)	6	1,01,,330.			1,01,	
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
•	organization (Part VI)	8					
9	Investment income of section $501(c)(7)$, (9) , or (17)						
•	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)						
13	Total. Combine lines 3 through 12		1,767,663.			1,767	663
	t II Deductions Not Taken Elsewhere See instructions				ions r		
	directly connected with the unrelated business incom						
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages				2		
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6	17	661.
7	Depreciation (attach Form 4562). See instructions		1 1				, , , , ,
8	Less depreciation claimed in Part III and elsewhere on return				8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)				14	3.0	728.
15	Total deductions. Add lines 1 through 14				15		389.
16	Unrelated business income before net operating loss deduction				-13	10,	, , , , , ,
10	column (C)				16	1,719,	274
17	Deduction for net operating loss. See instructions				17	, , ,	, 4 / 1 .
18	Unrelated business taxable income. Subtract line 17 from line					1,719,	274
	programmerk Reduction Act Notice see instructions					1 1 , / 1 9 ,	

For Paperwork Reduction Act Notice, see instructions.

	t III Cost of Goods Sold	Enter method of invent	ory valuation >		rage z
1	Inventory at beginning of year		•	1	
2	Purchases				
3					
4	Cost of labor Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. E	nter here and in Part I line		8	
9	Do the rules of section 263A (with respect to pro				Yes No
	t IV Rent Income (From Real Property				165110
1	Description of property (property street address, c				
•	A	ny, otato, 211 '0000). O1100	it ii a adai acc. Ccc iiicii act	ono.	
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
– a	From personal property (if the percentage of				
_	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colur	nns A through D. Enter he	ere and on Part I, line 6, colu	ımn (A)	
		· ·		· · · · · · · · · · · · · · · · · · ·	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D	D. Enter here and on Part	I, line 6, column (B)		
Par	t V Unrelated Debt-Financed Income ((see instructions)			
1	Description of debt-financed property (street addre	ess, city, state, ZIP code).	Check if a dual-use. See in:	structions.	
	A				
	В				
	с 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through	gh D). Enter here and on F	Part I, line 7, column (A)	>	
	_				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A	A through D. Enter here a	nd on Part I, line 7, column	(B) ▶	
11	Total dividends-received deductions included in I	ine 10		<u></u>	

Schedule A (Form 990-T) 2021 Page **3**

Part VI Interest, A	nnuities. Roval	ties, and Rents	s from Controlled Organi	izations (see instructions)	1 age •	
	Exempt Controlled Organizations					
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
	•	Nonexe	empt Controlled Organization	ns		
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
			(7), (9), or (17) Organiza		T	
1. Description of incom	ne 2. An	nount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)	
(1)						
(2)						
(3)						
(4)						
Totals	Enter h line	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
		v Income. Oth	er Than Advertising Inco	me (see instructions)		
1 Description of explo	•	,		. (
•	· -	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2	
			nrelated business income. Er	, , , , , , , , , , , , , , , , , , , ,	_	
line 10, column (B)					3	
, , ,		trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete		
, ,					4	
· ·			s income		5	
	•				6	
•	•		6, but do not enter more		7	

Schedule A (Form 990-T) 2021 Page 4

Par	t IX	Advertising Income					
1	Nam	e(s) of periodical(s). Check box if r	eporting	two or more periodicals of	n a consolidated ba	asis.	
	Α						
	В						
	c						
	D L		in the e	arrage and in a caluman			
nter	amou	nts for each periodical listed above	in the co				
				Α	В	С	D
2		s advertising income					
а	Add	columns A through D. Enter here a	nd on Pa	art I, line 11, column (A).			▶
3	Direc	ct advertising costs by periodical					
а	Add	columns A through D. Enter here a	nd on Pa	art I, line 11, column (B).			▶
		-					
4	Adve	rtising gain (loss). Subtract line 3 fr	om line				
		or any column in line 4 showing					
		plete lines 5 through 8. For any col	-				
		4 showing a loss or zero, do not co					
			•				
_		5 through 7, and enter zero on line					
5		dership costs					
6		ulation income					
7		ss readership costs. If line 6 is les					
	line 5	5, subtract line 6 from line 5. If line 5	5 is less				
	than	line 6, enter zero					
8	Exces	ss readership costs allowed	as a				
	dedu	ction. For each column showing a	gain on				
	line 4	4, enter the lesser of line 4 or line 7					
а	Add	line 8, columns A through D.	Enter	the greater of the lin-	e 8a, columns t	otal or zero here an	d on
	Part I	II, line 13					· •
Par	4 V	Compensation of Officers,	Direc	tore and Trustose /			<u> </u>
Гаі	ιΛ	Compensation of Officers,	Direc	iors, and musices (see iristructions)		
						Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
						to business	unrelated business
(1)						9/	,
(2)							
(3)						9/	
(3) (4)						9/	
(4)						9/	6
	. – .					_	
		er here and on Part II, line 1				<u> </u>	
Par	t XI	Supplemental Information	(see in	structions)			

SCHEDULE A: INCOME FROM K-1 INVESTMENTS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
AG SF (L) LP KAYNE ANDERSON ENERGY FUND IV KAYNE ANDERSON ENERGY FUND V NORTHGATE VENTURE PARTNERS II RESOURCE LAND FUND V RESOURCE LAND FUND IV ROCKLAND POWER PARTNERS THE RESOLUTE FUND II ROCKLAND POWER PARTNERS II	665. -5. 261,690. 401. 27,362. 8,191. 891,080. 235. 575,133.	147,396.	6655. 114,294. 401. 27,362. 8,191. 891,080. 235. 575,133.
TOTAL INCOME (LOSS) FROM PARTNERSHIPS	S AND/OR S CORPORATIONS		1,617,356.

125 STATEMENT 1

==========

SCHEDULE A:INCOME FROM K-1 INVESTMENTS
PART II - LINE 14 - OTHER DEDUCTIONS

ACCOUNTING 7,554.

INVESTMENT MANAGEMENT 23,174.

TOTAL OTHER DEDICTIONS 20 720

TX6855 D310 33946 126

STATEMENT 2

SCHEDULE D (Form 1120)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name Employer identification number WABASH COLLEGE 35-0868202 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 194. 194. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 194 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses - Assets Held More Than One Year (h) Gain or (loss) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (d) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost This form may be easier to complete if you round off cents to 8949. Part II. line 2. column (d) and combine (sales price) (or other basis) whole dollars column (a) the result with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 21,817. 1,723. 20,094. Enter gain from Form 4797, line 7 or 9 130,019. Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 150,113. Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 194. Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 150,113. Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 150,307. Note: If losses exceed gains, see Capital Losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

8949

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

2021
Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return Social security number or taxpayer identification number 35-0868202 WABASH COLLEGE Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss.

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	If you enter an a enter a co	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
RESOURCE LAND FUND V	VARIOUS	VARIOUS	194.				194.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), lin	lude on your e 2 (if Box B	194.				194.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2021) Attachment Sequence No. **12A** Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
WABASH COLLEGE	35-0868202

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

x (F) Long-term transactions n	•	. ,	•	wasn't reporte	ed to the IRS		
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
NORTHGATE VENTURE PARTNERS II	VARIOUS	VARIOUS		731.			-731.
RESOURCE LAND FUND V	VARIOUS	VARIOUS	21,817.				21,817.
RESOURCE LAND FUND IV	VARIOUS	VARIOUS		992.			-992.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

21,817.

1,723

Form **8949** (2021)

20,094.

129

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return. ▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Sequence No. 27

Nar	ne(s) shown on return						Identify	ing number
WA	BASH COLLEGE						35-0	868202
1 a	Enter the gross proceeds from s	ales or exchanges	s reported to y	ou for 2021 on F	Form(s) 1099-B or	1099-S (or		
	substitute statement) that you are	ncluding on line 2	, 10, or 20. See	instructions			1a	
k	Enter the total amount of gain t	hat you are inclu	ding on lines 2	, 10, and 24 due	to the partial disp	ositions of		
	MACRS assets						1b	
c	Enter the total amount of loss that	at you are includir	ng on lines 2 a	nd 10 due to the	partial dispositions	of MACRS		
	assets							
Pa	rt I Sales or Exchanges o						ns Fro	om Other
	Than Casualty or The	ft - Most Prop	erty Held Mo	re Than 1 Year	r (see instruction	s)		
2	(a) Description	(b) Date acquired	(c) Date sold	(d) Gross	(e) Depreciation allowed or	(f) Cost o basis, p		(g) Gain or (loss)
_	of property	(mo., day, yr.)	(mo., day, yr.)	sales price	allowable since	improveme	nts and	Subtract (f) from the sum of (d) and (e)
					acquisition	expense o	of sale	Sum or (a) and (c)
	SEE STATEMENT 1							130,019.
							1 -	
3	Gain, if any, from Form 4684, line						3	
4	Section 1231 gain from installmen		,				4	
5	Section 1231 gain or (loss) from I						5	
6	Gain, if any, from line 32, from oth						6	120 010
7	Combine lines 2 through 6. Enter	• ,					7	130,019.
	Partnerships and S corporations line 10, or Form 1120-S, Schedule				s for Form 1065, S	cnedule K,		
	Individuals, partners, S corporate from line 7 on line 11 below and 1231 losses, or they were recaptuschedule D filed with your return a	skip lines 8 and red in an earlier ye	9. If line 7 is a ear, enter the ga	gain and you didr ain from line 7 as a	n't have any prior y	ear section		
8	Nonrecaptured net section 1231 le	osses from prior ye	ars. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero	or less, enter -0-	If line 9 is zero	, enter the gain fr	om line 7 on line 1	2 below. If		
	line 9 is more than zero, enter the				•	ū		
	capital gain on the Schedule D file						9	
Pa	rt II Ordinary Gains and L							
10	Ordinary gains and losses not inc	luded on lines 11	through 16 (inclu	ide property held 1	year or less):			
							1	<u> </u>
	Loss, if any, from line 7							()
12	Gain, if any, from line 7 or amoun						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684						14	
15	Ordinary gain from installment sa						15	
16	Ordinary gain or (loss) from like-ki	-					16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, e a and b below. For individual return	ns, complete lines	a and b below.					
a	If the loss on line 11 includes a los							
	loss from income-producing proper	•		•		-	4.5	
	an employee.) Identify as from "For						18a	
k	Redetermine the gain or (loss) or		-				, ,	
	(Form 1040), Part I, line 4						18b	Form 4797 (2021)

Form 4797 (2021) 35-0868202 Page **2**

Pa	rt III Gain From Disposition of Property (see instructions)	/ Un	der Sections 124	5, 1250, 1252, ·	1254,	and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254,	or 12	55 property:		(b) Date acquired	(c) Date sold
	· · · · · · · · · · · · · · · · · · ·		ppy.			(mo., day, yr.)	(mo., day, yr.)
A B							
<u>-</u>							
	These columns relate to the properties on lines 19A through 19I		Property A	Property B		Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20					
	Cost or other basis plus expense of sale	21					
22	Depreciation (or depletion) allowed or allowable	22					
	Adjusted basis. Subtract line 22 from line 21	23					
	riajastoa basis. Gabitast iiito 22 iisin iiito 21 iii ii						
24	Total gain. Subtract line 23 from line 20.	24					
	If section 1245 property:						
	Depreciation allowed or allowable from line 22	25a					
	Enter the smaller of line 24 or 25a.						
	If section 1250 property: If straight line depreciation was						
	used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975. See instructions	26a					
	Applicable percentage multiplied by the smaller of						
	line 24 or line 26a. See instructions	26b					
С	Subtract line 26a from line 24. If residential rental property						
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d	Additional depreciation after 1969 and before 1976.	26d					
е	Enter the smaller of line 26c or 26d	26e					
f	Section 291 amount (corporations only)	26f					
g	Add lines 26b, 26e, and 26f	26g					
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed						
а	for a partnership. Soil, water, and land clearing expenses	27a					
	Line 27a multiplied by applicable percentage. See instructions						
	Enter the smaller of line 24 or 27b						
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b	Enter the smaller of line 24 or 28a	28b					
29	If section 1255 property:						
а	Applicable percentage of payments excluded from						
	income under section 126. See instructions	29a					
	Enter the smaller of line 24 or 29a. See instructions .						
Sur	nmary of Part III Gains. Complete propert	ty cc	lumns A through	D through line 2	9b be	fore going to	line 30.
	Total gains for all properties. Add property columns A						
	Add property columns A through D, lines 25b, 26g, 2						
32	Subtract line 31 from line 30. Enter the portion from						
_	other than casualty or theft on Form 4797, line 6		70 I 000F(I-)(0)		- 11	D 1 - 500	
Pa	Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)						
						(a) Section	(b) Section
				_		179	280F(b)(2)
33	Section 179 expense deduction or depreciation allow	vable	in prior years		33		
	Recomputed depreciation. See instructions				34		
35	Recapture amount. Subtract line 34 from line 33. Se	e the	instructions for where	to report	35		Form 1797 (2021)

Form **4797** (2021)

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
RESOURCE LAND FUND V	VARIOUS	VARIOUS	83,505.			83,505.
RESOURCE LAND FUND I	VARIOUS	VARIOUS	50,002.			50,002.
ROCKLAND PWR PTRS	VARIOUS	VARIOUS			3,488.	-3,488.
Totals						130,019

Regulation Section 1.263(a)-1(f) - De Minimis Safe Harbor Election

Taxpayer Name: WABASH COLLEGE

Taxpayer Address: P.O. BOX 352, CRAWFORDSVILLE, IN 47933

Taxpayer ID Number: <u>35-0868202</u>

Year-End: 06/30/2022

Under IRC Regulation Section 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election.

Regulation Section 1.263(a)-3(n) - Election to Capitalize Repair and Maintenance Costs

Taxpayer Name: WABASH COLLEGE

Taxpayer Address: P.O. BOX 352, CRAWFORDSVILLE, IN 47933

Taxpayer ID Number: <u>35-0868202</u>

Year-End: 06/30/2022

Under IRC Regulation Section 1.263(a)-3(n), the taxpayer hereby elects to capitalize repair and maintenance costs.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

•	form, visit www.irs.gov/e-file-providers/e-file-f			structions). For more details on the	e electronic			
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).					
-	ons required to file an income tax return oth rm 7004 to request an extension of time to fi		· · · · · · · · · · · · · · · · · · ·	20-C filers), partnerships, REMICs	, and trusts			
Type or	r Name of exempt organization or other filer, see instructions. Taxpayer identification number (T							
print File by the	WABASH COLLEGE Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	35-0868202				
due date for filing your return. See instructions.	PO BOX 352 City, town or post office, state, and ZIP code. For CRAWFORDSVILLE, IN 47933	a foreign ad	dress, see instructions.					
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	0 7			
Application		Return	Application		Return			
Is For		Code	Is For		Code			
	Form 990-EZ	01	Form 1041-A		08			
Form 4720 (,	03	Form 4720 (other tha	in individual)	09			
Form 990-PF		04 05	Form 5227 Form 6069		10			
	(sec. 401(a) or 408(a) trust) (trust other than above)	06	Form 8870		12			
	(corporation)	07	1 01111 0070		12			
If the orgaIf this is for the whole	P.O. BOX 352 CRA e No. ► 765 361-6212 anization does not have an office or place of both a Group Return, enter the organization's for a group, check this box □ 1.11	lbusiness in ur digit Gro	Fax No. ►	(GEN) If th	nis is			
	e names and TINs of all members the extensi		05/15 203	23 to file the event organizati	on return			
for the	1 I request an automatic 6-month extension of time until							
C	ax year entered in line 1 is for less than 12 m hange in accounting period							
nonrefu	application is for Forms 990-PF, 990-T, undable credits. See instructions. application is for Forms 990-PF, 990-T,		·	3a \$	NONE			
estimat	ted tax payments made. Include any prior yea e due. Subtract line 3b from line 3a. In	r overpayn	nent allowed as a credit	t. 3b \$	NONE			
using E	FTPS (Electronic Federal Tax Payment System u are going to make an electronic funds withdraw	n). See inst	tructions.	3c \$	NONE for payment			
instructions.	a are going to make an electronic runus withdraw.	(un ect de	with this Fulli 6000,	See Form 6455-TE and Form 6679-TE	101 payment			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

FEDERAL ELECTIONS

DESCRIPTION: SECTION 59(E)(2) EXPENDITURES

FORM & LINE/INSTRUCTION REFERENCE: FORM 990-T, PART I, LINE 5

REGULATION REFERENCE: IRS SEC. 59(E)(1); REG. 1.59-1(B)(1)

PURSUANT TO IRC SECTION 59(E)(4), TAXPAYER HEREBY ELECTS TO CAPITALIZE AND AMORTIZE THE FOLLOWING EXPENDITURES OVER THE PERIOD TIME INDICATED.

TYPE OF EXPENDITURES: INTANGIBLE DRILLING COSTS CODE SECTION NO.: IRC SEC. 263(C)AMORTIZATION PERIOD: 5 YEARS (60 MONTHS)

TAXPAYER ELECTS TO CAPITALIZE AND AMORTIZE INTANGIBLE DRILLING COSTS REPORTED ON THE FOLLOWING K-1'S:

KAYNE ANDERSON ENERGY FUND V (QP) LP EIN: 26-3294026 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 147,396

TX6855 D310 33946 156

STATEMENT 1